Ultra-rare constrained missense variants in the epilepsies: Shared and specific

enrichment patterns in neuronal gene-sets

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Abstract:

Background: Burden analysis in epilepsy has shown an excess of deleterious ultra-rare variants (URVs) in few gene-sets, such as known epilepsy genes, constrained genes, ion channel or $GABA_A$ receptor genes. We set out to investigate the burden of URVs in a comprehensive range of gene-sets presumed to be implicated in epileptogenesis.

Methods: We investigated several constraint and conservation-based strategies to study whole exome sequencing data from European individuals with developmental and epileptic encephalopathies (DEE, n = 1,003), genetic generalized epilepsy (GGE, n = 3,064), and non-acquired focal epilepsy (NAFE, n = 3,522), collected by the Epi25 Collaborative, compared to 3,962 ancestry-matched controls. The burden of 12 URVs types in 92 gene-sets was compared between epilepsy cases (DDE, GGE, NAFE) and controls using logistic regression analysis.

Results: Burden analysis of brain-expressed genes revealed an excess of different URVs types in all three epilepsy categories which was largest for constrained missense variants. The URVs burden was prominent in neuron-specific, synaptic and developmental genes as well as genes encoding ion channels and receptors, and it was generally higher for DEE and GGE compared to NAFE. The patterns of URVs burden in gene-sets expressed in inhibitory vs. excitatory neurons or receptors suggested a high burden in both in DEE but a differential involvement of inhibitory genes in GGE, while excitatory genes were predominantly affected in NAFE. Top ranking susceptibility genes from a recent genome-wide association study (GWAS) of generalized and focal epilepsies displayed a higher URVs burden in constrained coding regions in GGE and NAFE, respectively.

Conclusions: Using exome-based gene-set burden analysis, we demonstrate that missense URVs affecting mainly constrained sites are enriched in neuronal genes in both common and rare severe epilepsy syndromes. Our results indicate a differential impact of these URVs in genes expressed in inhibitory vs. excitatory neurons and receptors in generalized vs. focal epilepsies. The excess of URVs in top-ranking GWAS risk-genes suggests a convergence of rare deleterious and common risk-variants in the pathogenesis of generalized and focal epilepsies.

Keywords: burden analysis, ultra-rare variants, gene-sets, epilepsy, exome sequencing.

Introduction:

Dismantling the genetic architecture behind epilepsy is yet to be within reach in many individuals. The

role of genetic causality is apparent in the developmental and epileptic encephalopathies (DEE) (1–3),

sometimes with consequences on precision treatments (4–7). In contrast, only few individuals with

familial or sporadic genetic generalized epilepsies (GGE) or non-acquired focal epilepsies (NAFE)

harbor monogenic causative variations (8–10). Therefore, statistical methods investigating the

mutational burden of neurobiologically meaningful gene-sets improve the prospects to dissect the joint

effects of multiple genetic factors underlying the complex genetic architecture of these common

epilepsy syndromes. Such 'gene-set' analysis approaches are likely to provide valuable insights into the

role of certain gene-sets and pathways in epilepsy. Recent gene-set burden analyses have shown an

enrichment in ultra-rare deleterious variants both in common and rare epilepsies in genes associated

with dominant epilepsy syndromes, developmental and epileptic encephalopathy genes, and neuro-

developmental disorders (NDD) with epilepsy genes, emphasizing a shared genetic component (8,10).

Evidence for the enrichment of rare missense variants in genes encoding $GABA_A$ receptors and

GABAergic pathway genes in genetic generalized epilepsies pointed to the importance of the inhibitory

pathway (9,10). We used the large-scale dataset collected by the Epi25 Collaborative (10) for a

comprehensive, exome-based case-control study to examine the burden of Ultra-Rare Variants (URVs)

in a large number of candidate gene-sets for three different epilepsy forms (DEE, GGE, NAFE), aiming

to understand the specific roles of deleterious URVs in key pathways implicated in epileptogenesis.

Focusing on regional constraint and paralog conservation, we identified relevant and specific gene-set

associations in these three epilepsy forms.

Methods:

Study Samples: The Epi25 Collaborative collected and generated phenotyping and exome sequencing

data from individuals with different subtypes of epilepsy (10). We analyzed subjects from recruitment

years 1 and 2 (n=13,197). The epilepsy classification, phenotyping and consent procedures have been

previously described (10). Five control cohorts, from the database of Genotypes and Phenotypes (11)

(dbGAP) and the Epi25 Collaborative, were available for this analysis (n=13,299), including Italian

controls from the Epi25 Collaborative, the Swedish Schizophrenia Study (dbGAP: phs000473), and

three Myocardial Infarction Genetics (MIGen) Consortium cohorts: Leicester UK Heart Study (dbGAP:

phs001000), Ottawa Heart Study (dbGAP: phs000806) and the Italian Atherosclerosis, Thrombosis,

and Vascular Biology "ATVB" Study (dbGAP: phs001592). Sequencing was performed on an Illumina

HiSeq 2000 or 2500 platform at the Broad Institute (Cambridge, MA, USA). The data generation

process has been previously described (10).

Baseline sample QC: For this analysis, we considered samples from three epilepsy categories (DEE,

GGE, and NAFE) as classified by the Epi25 phenotype review (10). Controls with Coronary Artery

Disease (CAD) diagnosis from the MIGen cohorts were not considered. Outliers on key sample calling

metrics (total SNVs/indels counts, TiTv ratio, Ins-Del ratio, Hom-Het ratio, autosomal heterozygosity),

samples with genotyping rate less than 90%, duplicates and related samples up to the 3rd degree (one

from each pair), and samples with ambiguous/discordant sequencing gender were removed (Fig. S1,

Fig. S2). Using multi-dimensional scaling, the genotypes of the remaining samples were projected on

the 1000 Genomes space (12). The major continental ancestry was then predicted using a Support

Vector Machine (Fig. S3). Samples labeled as European were further subclassified (non-Finish and

Finnish) following visualization of the first two principal components. Those samples with a predicted

ancestry other than non-Finnish European were filtered. Following this baseline filtering, 7,836 cases

and 8,822 controls (out of 13,197 cases and 13,299 controls) remained for subsequent analysis. These

filtering steps were performed using the Genome Analysis Toolkit (GATK) v4.1.4.1 (13), PLINK v1.9

(14) and KING v2.2.4 (15). For additional details, see "Baseline sample quality control" in the

supplemental methods (Additional file 1).

Baseline variant QC: Variants located outside Gencode v.33 (16) coding sequences (CDS) boundaries

or in low complexity regions (17) were not considered. Multi-allelic calls were split, and the variants

were normalized. Variants with low variant quality score log-odds, covered at mean depth < 10x in the

baseline filtered sample set, at minimum depth of 10x in less than 95% of cases and controls, with large

difference in mean depth or call rate between the cases and controls, or with allele count equal to 0 were

removed. Low depth/quality genotype calls were set to missing. Variant filtering was performed using

bcftools/htslib v1.10.2 (18), vt v0.57721 (19) and GATK (13). See the supplemental methods section

"Baseline variant quality controls" for further details (Additional file 1).

Case control matching and call rate harmonization: We performed multiple iterations of principal

component analysis (PCA) on our baseline filtered dataset. Following the first round of PCA using

PLINK (14), the Swedish Schizophrenia Study control cohort showed poor clustering (PC1/2) with the

rest of study samples and was removed. Subsequently, outliers on top principal components were

filtered using EIGENSTRAT v6.1.4 (20,21). For details, see "Residual stratification" in supplemental

methods (Additional file 1). To handle the residual stratification caused by platform differences, we

removed all variants with call rate < 95% in any of the remaining sequencing cohorts (Epi25, Leicester,

Ottawa, ATVB) or with difference in call rate > 0.5% between any pair of cohorts. Also, variants with

Hardy-Weinberg Equilibrium p-value less than 1×10^{-6} (on the combined case-control cohort) were

excluded. These variant calling metrics were obtained using bcftools/htslib (18) and PLINK (14). The

final analysis set included 7,589 cases (DEE=1,003, GGE=3,064, NAFE=3,522) and 3,962 matched

controls (ATVB = 1,673, Leicester=1,082, Ottawa=924, Epi25 Italian=283) of non-Finnish European

ancestry (Table S1 and Table S2). The use of predominantly male or male-only control cohorts from

ATVB and Leicester studies resulted in a misbalanced sample sex ratio (53.6% female cases vs. 19,4%

female controls). We observed a total of 1,267,392 variants in the final dataset, comprising 1,247,342

SNVs and 20,050 indels. The QC-ed case-control cohort (Fig. S5) showed a balanced distribution of

variants and comparable variant calling metrics (Fig. S6).

Qualifying variants (QVs): The variants were annotated using snpEff v4.3 (22) and Annovar

v20191024 (23). We focused on URVs as these have shown a strong burden of deleterious pathogenic

variants in multiple studies of epilepsy and other neurological disorders (8,10,24–28). Here, URVs were

defined based on their population Minor Allele Frequencies (MAFs) in DiscovEHR ($MAF_{DiscovEHR}$) and

gnomAD r2.1 (MAF_{gnomAD}) population databases (29,30) and their Minor Allele Counts (MACs)

calculated separately for each analysis ($MAC_{DEE+Controls}$, $MAC_{GGE+Controls}$, $MAC_{NAFE+Controls}$), as follows

(i) $MAF_{DiscovEHR} = 0$ (ii) $MAF_{gnomAD} \leq 2\times10^{-5}$ (iii) $MAC_{Epilepsy+Controls} \leq 3$ in the respective analysis group.

Performing three separate analyses for the three epilepsy phenotypes, with independent calculation of

MAC in each analysis, was intended to provide stringent control for inflation. Accordingly, the reported

variant counts in the control sets may differ slightly between the three analyses (see Additional file 3).

URVs were categories further into multiple conditions of qualifying variants (QVs) based on their

functional consequences. We considered thirteen variant conditions (QVs matching the specified effect

classes) including synonymous (presumed neutral), protein-truncating (presumed loss-of-function) and

multiple groups of missense variants (mix of loss- and gain-of-function mechanisms). The grouping of

missense variants in multiple (partially overlapping) conditions of QVs focused on three perspectives:

conventional in-silico deleteriousness, constraint and paralog conservation. It was based on multiple

predictions, namely, PolyPhen2 (PPh2) (31), Sorting Intolerant From Tolerant (SIFT) (32), Missense

Badness Polyphen and Constraint (MPC) (33), Missense Tolerance Ratio (MTR) (34), Constrained

Coding Regions (CCR) (35) and para-Z-score for paralog conservation (36). PPh2 (31) and SIFT (32)

are two conventional, commonly used, in-silico missense deleteriousness scores that are widely used in

genetic studies to identify likely benign and likely deleterious variants based on a number of features

including the sequence, phylogenetic and structural information. MPC score (33) aims to identify

regions within genes that are specifically depleted of missense variation and combines this information

with variant-level metrics that measures the increased deleteriousness of amino acid substitutions when

they occur in missense-constrained regions. MTR score (34) estimates the intolerance of genic regions

by comparing the observed proportion of missense variation to the expected proportion in the sequence

context of the protein-coding region understudy. While MPC and MTR scores are scaled down to

individual missense alterations, CCR score (35) aims to identify coding regions that are completely

devoid of variation in population databases. Functionally critical protein regions are usually encoded

by bases in regions with high CCR scores. Paralog conservation-based missense variant analysis was

recently shown to aid variant prioritization in neurodevelopmental disorders (36). It has been proposed

that most disease genes in humans have paralogs (37). The analyzed variant conditions (Table S6) were

(i) "Synonymous" variants that served as a control condition for inflation. (ii) Benign missense variants:

as predicted by PPh2 and SIFT. (iii) Damaging missense variants as predicted by PPh2 and SIFT. (iv)

Protein Truncating Variants (PTVs) that included stop-gained, start-lost, frameshift, splice-donor and

splice-acceptor variants. (v) All functional variants combined PTVs, in-frame indels and deleterious

missense variants (PPh2 and SIFT) (vi) "MPC 1" missense variants: constrained missense with MPC

score ≥ 1. (vii) "MPC 2" missense variants: highly constrained missense with MPC score ≥ 2 (enriched

for *de novo* variants). (viii) "MTR ClinVar" missense variants: constrained missense with MTR score

≤ 0.825 which is the median for ClinVar variants not denoted as *de novo*. (ix) "MTR DeNovo" missense

variants: highly constrained missense with MTR score ≤ 0.565 which is the median for ClinVar *de novo*

variants. (x) "CCR 80" missense variants: highly constrained missense variants in regions with CCR

score ≥ 80, with MPC score ≥ 1, and MTR score ≤ 0.825. (xi) "paralog-non-conserved": missense

variants located in sites not conserved across paralog genes as indicated by a para-Z-score ≤ 0. (xii)

"paralog-conserved": missense variants located in sites conserved across paralog genes as indicated by

a para-Z-score > 0. (xiii) "paralog highly conserved": missense variants in highly conserved sites

between paralog genes with para-Z-score ≥ 1.

Gene-sets: 92 gene-sets were tested. In addition to exome-wide burden testing (one gene-set of all

protein coding genes), we defined additional 91 specific gene-sets as follows: (a) 34 sets based on gene

expression patterns in the brain: brain-expressed genes grouped by their intolerance profiles including

loss-of-function intolerant and missense intolerant genes (30,38), genes grouped by their regional brain

expression in the cortex and hippocampus from Genotype-Tissue Expression project v8 (39),

developmentally-relevant genes (40–42) , brain-enriched genes from the Human Protein Atlas v20.1

(43,44), genes enriched in specific cell types (45,46) (neurons, excitatory and inhibitory neurons, glia,

astrocytes, microglia, oligodendrocytes, and endothelial cells) and localization in certain neuronal

compartments (47,48); (b) 28 functional groups including ion channels (8), GABA$_A$ receptors (9),

excitatory receptors (9), GABAergic pathway (9), PSD-95 interactors (8), Gene Ontology (GO) gene-

sets of GABAergic and glutamatergic synapses (40,41,49), neuronal pathways from Kyoto

Encyclopedia of Genes and Genomes (KEGG) (50) and neuronal gene-sets from Reactome database

(51); (c) 14 gene-sets of known disease-related genes including monogenic epilepsy-causing genes (8–

10), epilepsy genome-wide association study (GWAS) top-ranking genes (positional mapping within a

window of 250 kb of significant loci and mapping based on chromatin interaction between gene

promoters and the significant locus) (52), co-regulated genes in the brain (53,54); and (d) 15 non-

neuronal gene-sets including genes not expressed in the brain (39,43,44), cancer and metabolic

pathways (50). The gene-sets are outlined in Table 1, Table S7 and Table S8 (see Additional file 1 and

Additional file 2).

Table (1): Gene-sets investigated in this study. (see end of text).

Gene-set burden analysis: We examined the burden of qualifying ultra-rare variants (QVs) in thirteen

variant conditions (Table S6) for 92 gene-sets in three epilepsy phenotypes (DEE, GGE, and NAFE)

against a set of matched controls. Gene-set burden testing was done using logistic regression by

regressing case-control status on the individual QVs counts. In each sample, QVs were collapsed by

gene and aggregated (summed) across a target gene-set to get a burden score (assuming equal weights

and direction of effects) which was used as a predictor in a binomial model while adjusting for

additional covariates (sex, top ten principal components, exome-wide variant count, and exome wide

singletons count) using *glm*() function from *stats* package (55). Likelihood ratio test (LRT) from *lmtest*

package (56) was used to compare a model with QVs burden and covariates against a null model

(covariates only). Log-odds from LRT and their respective 95% confidence intervals and *p* values are

presented here as a measure of enrichment in tested gene-sets. We employed a Benjamini-Hochberg

false discovery rate (FDR) multiple testing adjustment for *p* values that accounted for 3312 tests (92

gene-sets x 3 epilepsy phenotypes x 12 test variant conditions, excluding the synonymous variants) as

implemented in *p.adjust*() function from *stats* package (55). The cut-off for substantial enrichment was

defined as FDR-corrected *p* value < 0.05. For simplicity, *p* values (FDR corrected except for

synonymous variants) are indicated throughout the presented plots using stars as follows: no star > 0.05,

* < 0.05, ** < 0.005, *** < 0.0005, **** < 0.00005. To estimate the extent of bias that might have been

introduced by the imbalance in male-to-female ratios between cases and controls, we performed a

secondary analysis excluding chromosome X genes. Also, to ensure adequate control for any bias

introduced by differences in capture kits, we performed another supplementary analysis between two

groups of control samples (Leicester study controls vs. Ottawa and ATVB controls) representing two

main enrichment kits (Illumina ICE vs. Agilent SureSelect kits). The statistical analysis was performed

in R 3.3.3 (55). The analysis approach is outlined in Fig. 1 and the methods are detailed in Additional

file 1. A list of tested gene-sets and genes in each set is provided in Additional file 2.

Results:

URV excess in brain-expressed genes

First, we investigated the burden of ultra-rare variants across all protein coding genes following the

analysis approach outlined in Fig. 1. This revealed a clear enrichment in constrained missense variants

that was maximum in consensus constrained coding regions predicted by Missense-badness Polyphen

and Constraint (MPC), Missense Tolerance Ratio (MTR) and Consensus Coding Regions (CCR) scores

(Fig. 2). The combination of the three metrics (see methods) identifies highly deleterious variants in

functionally critical genic regions. In this particular analysis in all three phenotypes, about half of the

cases, in contrast to roughly one-fourth of controls, harbored one or more ultra-rare highly constrained

variants (Fig. S10). The primary analysis (10) examined loss-of-function intolerant genes and

demonstrated an increased burden in ultra-rare constrained as well as protein truncating variants

(PTVs). Here, the examination of brain-expressed intolerant genes showed, similarly, a marked

enrichment in PTVs in addition to a burden in constrained missense variants comparable to what is seen

exome-wide (Fig. 2 and Fig. S11).

When we examined protein coding genes grouped by their relative brain expression, damaging missense

variants were only substantially enriched in genes highly expressed in the cortex or hippocampus,

whereas those expressed at medium or low levels only showed an enrichment for the most constrained

missense variants (Fig. 3). Genes not expressed in brain did not show a substantial enrichment for any

variant type (Fig. S15). Genes showing a higher expression in the adult brain compared to other tissues

(brain-enriched & brain-enhanced) were also preferentially enriched, as well as genes associated with

brain development. Genes related to late rather than early development showed a slightly higher

enrichment in all three phenotypic groups (Fig. 3).

Focusing further on cell-type specific expression, neuron-specific genes were preferentially affected

compared to those enriched in glial cells, particularly in GGE (Fig. 4). To obtain further insight into the

nature of this neuronal enrichment, we used sets of genes representing paralogs of mouse genes found

to be enriched in excitatory or inhibitory neurons (see Additional file 1). Interestingly, genes

preferentially expressed in inhibitory neurons showed a an increased burden only in GGE, whereas

those preferentially expressed in excitatory neurons showed a more prominent signal in NAFE. Since

well-established epilepsy genes, like ion channels and receptors, show differential distributions in

different neuronal compartments (57,58), we examined further sets of genes based on subcellular

localization. We found that pre- and postsynaptic genes were enriched with variants in cases vs.

controls, as well as a very small set of 17 genes located in axon initial segments (most prominent in

DEE) (Fig. S13).

Burden of URVs in ion channel, neurotransmitter receptor encoding and related genes

Next, we examined functional gene-sets that could, more specifically, underlie the observed enrichment

in neuronal and synaptic genes. Ion channels, neurotransmitter receptors and transporters are widely

implicated in epilepsy, especially in monogenic and familial forms, displaying considerable phenotypic

heterogeneity and presenting as mild or severe epilepsies (59–61). Variants in GABA$_A$ receptors were

enriched in GGE but not in DEE and NAFE while those in gene-sets representing genes encoding N-

Methyl-D-Aspartate receptor and Activity-Regulated Cytoskeleton protein (NMDAR-ARC) were

enriched in NAFE and DEE. A comprehensive gene-set for the GABAergic pathway genes (9) showed

a prominent signal in GGE and DEE, and less in NAFE. In contrast, a gene-set representing PSD-95

interactors showed comparable enrichment in NAFE and GGE (Fig. 4). Brain-expressed ion channels

were found to be enriched for highly constrained missense variants (CCR 80 condition) in common as

well as rare epilepsies (Fig. 4).

Patterns of burden in gene-sets representing inhibitory vs. excitatory signaling

We then compared the patterns of URVs enrichment in genes involved in the GABAergic (main

inhibitory) pathway and synapse against those in the glutamatergic (main excitatory) pathway and

synapse in the brain, by examining their unique and overlapping genes based on KEGG pathways (50)

and GO synaptic gene-sets (41) and sets of specific receptors (Fig. 5). GGE showed a higher burden in

GABAergic vs. glutamatergic synapse (GO) and pathway (KEGG) genes, in GABA$_A$ receptors vs.

excitatory receptors/NMDAR-ARC genes, and in GABAergic pathway genes (comprehensive gene-

set) vs. PSD-95 interactors, thus matching the higher burden in genes representing inhibitory vs.

excitatory neuronal signaling. The CCR 80 analysis of GO gene-sets in NAFE showed a higher burden

in glutamatergic vs. GABAergic synapse genes, akin to the pattern seen in genes enriched in excitatory

vs. inhibitory neurons. The analysis of KEGG glutamatergic vs. GABAergic pathway genes did not

confirm this finding (Fig. 5). It is notable that the overlap between GO synapse and KEGG pathway

gene-sets is minimal (Fig. S18), and the size of GO and KEGG gene-sets was comparable in

GABAergic but discordant in glutamatergic genes.

Altogether, these comparisons of the burden in missense variants in highly constrained sites between

GGE and NAFE (Fig. 4 and Fig. 5) suggest the following patterns: (i) brain-expressed ion channels,

genes enriched in excitatory neurons, enriched in astrocytes, PSD-95 interactors, GABAergic and

glutamatergic synapse/pathway genes show an increased burden in cases vs. controls both in GGE &

NAFE; (ii) in GGE, this enrichment is coupled with a stronger enrichment in inhibitory neuronal genes,

in GABA$_A$ receptors and in GABAergic synapse-specific genes. (iii) in NAFE, this is accompanied by

an absence of enrichment in the later gene-sets and increased burden in the NMDAR-ARC gene-set.

Burden in gene-sets of known epilepsy-related genes

The primary Epi25 Collaborative analysis (10) demonstrated a high burden of missense variants in

constrained sites with MPC score $\geq$ 2 in DEE, GGE, and NAFE, seen in dominant epilepsy genes, DEE

genes, and NDD-Epilepsy genes. We observed similar enrichment patterns (Fig. 6) in MPC 2 and MTR

DeNovo conditions (enriched for de *novo* mutations). In addition, we saw a substantial enrichment for

other analysis conditions (MPC score $\geq$ 1 and MTR ClinVar) with lower odds ratios. Limiting the

analysis to highly constrained genic regions (CCR 80 condition) resulted in a marked increase in

missense burden, as was the trend in all the tested gene-sets so far. Testing these sets also unraveled

strong enrichment in PTVs and missense variants in paralog-conserved sites. PTVs and missense

variants in paralog-conserved sites did not show substantial enrichment in exome-wide analysis and

most of other expression-based, localization-based or pathway-based gene-sets. However, we saw a

modest increase in PTV burden in highly intolerant genes with probability of Loss-of-function

Intolerance (pLI) > 0.995 in all epilepsies (Fig. 2 and Fig. S11). In the gene-set of known DEE genes,

where highly intolerant genes are rather prevalent, we saw a prominent enrichment in PTVs burden in

DEE. Also, there was an increased burden in missense variants in paralog-conserved sites in sets of

epilepsy-related disease genes (DEE genes, dominant Epilepsy genes, NDD-Epilepsy genes). This

burden was very strong in DEE but not as remarkable in GGE and NAFE (Fig. 6).

Enrichment in top GWAS hits captures divergence between common epilepsies

Recent efforts from the ILAE consortium on complex epilepsies identified multiple associations in a

large GWAS of common epilepsies (52). To examine the hypothesis that genes located near to top

GWAS hits are also affected by rare variants, we tested the enrichment in sets of the 100 top-ranking

genes derived from the GWAS in generalized, focal, and all epilepsies. Interestingly, when limiting the

analysis to Consensus Coding Regions (CCR80 condition), top-ranking genes derived from the GWAS

of either GGE or focal epilepsies were preferentially enriched for rare variants in the respective

phenotypic groups of GGE and NAFE (Fig. 7). Although the observed enrichment was rather subtle,

this result was corroborated by a similar pattern for two rather small sets of known epilepsy genes that

are associated with either generalized or focal epilepsy (9).

Brain- and epilepsy-related co-expression modules

We also aimed to touch upon the role of brain co-expression modules identified in post-mortem brain

tissues from healthy individuals (54) and contrast these to the networks and modules identified in brain

tissue derived from epilepsy patients (53). A brain expression module was found to be substantially

enriched for rare deleterious variants in an independent cohort of DEE (54). A link to common epilepsy

phenotypes was also inferred, but a burden in ultra-rare variants was not examined so far. This module

showed a non-specific enrichment in all three epilepsy subtypes with highest odds in DEE. It is

noteworthy that this module overlaps largely with known epilepsy genes (Fig. S19). In resected

hippocampi of individuals with temporal lobe epilepsy (TLE), Johnson and colleagues identified two

co-expression modules (M1 and M2) within a gene-regulatory transcriptional network (53). A subtle

enrichment was seen in these modules in DEE and GGE, but not NAFE (Fig. 7).

Additional neuronal and non-neuronal pathways

Other neuronal gene-sets were enriched in our analysis (Fig. S14). Genes encoding neurexins and

neuroligins, important elements of pre- and post-synaptic interaction promoting adhesion between

dendrites and axons (62), were enriched in DEE (Fig. S14). Also, the synaptic vesicle cycle pathway

(KEGG) showed a prominent signal in both DEE and GGE. We also examined the burden in the mTOR

pathway (KEGG), hypothesizing that it could have potential relevance to focal epilepsies, but did not

detect a substantial enrichment (Fig. S14). Interestingly, NAFE analysis displayed a burden in

endothelial and astrocyte-specific genes in constrained genic regions (Fig. 4). Detailed results from all

tested conditions including the counts of genes with observed QVs, variant counts in cases and controls,

logistic regression odds of the individual QVs burden in cases vs. controls and related p values are

provided as supplemental material (see Additional file 3).

Specificity of the observed enrichment patterns

All four sets of genes not expressed in the brain that were tested (high confidence genes with depleted

RNA and protein expression in the brain, genes with no RNA detected in the cortex, the hippocampus

or any brain tissue) were not substantially enriched in almost all the tested variant conditions (Fig. S15).

In these sets, only one test across all thirteen conditions and three epilepsy subtypes showed an adjusted

p value < 0.05 (genes with no expression in brain tissues in GTEx portal; MTR DeNovo condition in

GGE). Additionally, we examined eleven metabolic and cancer pathways (KEGG) to have some

insights into the specificity of the observed signals to neuronal processes and genes. In tests targeting

functional variants (3 epilepsy subtypes, 11 KEGG metabolic and cancer pathways, 12 conditions/types

of variants excluding synonymous), 16/396 tests revealed corrected p values < 0.05. At least for some

of those, the significance could be explained by an overlap with genes known to play a role in epilepsy.

For instance, genes forming the Type II Diabetes KEGG pathway are substantially enriched in DEE

(corrected p values of 0.007 for MTR DeNovo and 0.01 for CCR 80 conditions). This pathway contains

two genes that are known to cause DEE, namely, *CACNA1A* (63) and *CACNA1E* (64). The enrichment

is no longer seen after removal of these two genes (p values > 0.05).

Bias and inflation in gene-set burden testing

The analysis for synonymous and benign missense variants did not show more substantial enrichment

than expected by chance, indicating sufficient control for inflation, particularly in exome-wide models

and gene-sets with large number of genes. Few gene-sets showed p values < 0.05 in the synonymous

variants' analysis (Additional file 3). The proportion of these tests (5%; 14 out of 276 tests of 92 gene-

sets and 3 phenotypes) was within the limit expected by chance under a true null hypothesis. Possible

alternative explanations for such subtle signals include residual stratification and differences in exome

capture not adjusted by covariates (exome-wide variant counts and principal components) and the

presence of synonymous variants with functional consequences (65). Another potential source of bias

in our burden testing was the imbalance in male-to-female ratios between cases and controls (Table S4).

We provide results from a secondary analysis that excluded all genes located on chromosome X, which

shows that any bias not captured by the inclusion of sample sex as a covariate is likely marginal

(Additional file 5). To exclude any major residual stratification resulting from the use of different

enrichment kits, we additionally performed a controls-only analysis (Additional file 5) in which we

compared control samples enriched with Illumina ICE capture kits (from Leicester study) to controls

enriched using Agilent SureSelect kits (ATVB study and Ottawa study). This analysis reflected a good

control for any potential bias introduced by different exome capture systems and also demonstrated that

the mixing of controls included (Leicester and Ottawa) or not included (ATVB) in gnomAD is unlikely

to have affected our main outcomes.

Discussion:

By analyzing the sequencing data of 11,551 unrelated European individuals, we show an exome-wide

burden in ultra-rare missense variants in epilepsy cases compared to controls. These variants are mainly

found in constrained sites across three different subtypes of common generalized and focal epilepsies

as well as rare and mostly severe developmental and epileptic encephalopathies. This ultra-rare variant

burden was prominent for missense variants enriched for *de novo* alterations, yet also substantial in

analyses examining a likely combination of inherited and *de novo* variants. While this burden was

consistently higher with increased constraint in various gene-sets, PTVs were specifically relevant in

known disease genes (Fig. 6) and brain-expressed loss-of-function intolerant genes in comparison to all

protein coding genes (Fig. 2). This replicates the findings of the primary analysis (10) which indicated

an increased PTV burden in known disease-causing epilepsy related genes and genes with pLI > 0.995

but not those with pLI 0.9-0.995 (Fig. S11). In general, PTVs are known to be associated with several

phenotypes with their effect being most prominent in LOF-intolerant genes (30,38,66). Similar to PTVs,

we did not observe a substantial increase in the burden of missense variants in paralog-conserved sites

in a group of all protein coding genes, but it was remarkably high in gene-sets of known disease genes.

The increased burden was very prominent in DEE but not in GGE and NAFE. Missense variants in

paralog-conserved sites showed prominent enrichment in neurodevelopmental disorders (36), a

phenotypic category that overlaps largely with DEE. Although this may reflect a true disparity based

on the importance of these highly conserved sites (with their disturbance possibly resulting in severe

rather than mild epilepsy phenotypes), it is possible that our analysis lacked power to detect small effect

sizes in common epilepsies.

In addition to their utility in estimating the contribution of certain variant conditions/types in different

epilepsy phenotypes, gene-sets with known relation to epilepsy, especially to monogenic forms,

constitute high-effect-size gene-sets that can also serve as technical validation sets. The presented

results are consistent with previous analysis of missense variants in a small number of gene-sets

examined in similar cohorts (8–10). The systematic analysis of gene-sets and more different

conditions/types of variants revealed interesting findings about the neurobiology of distinct types of

epilepsy and clearly revealed that the pathological burden is markedly higher in constrained coding sites

and regions. Although associated with higher odds ratios of an epilepsy phenotype, these variants are

not deterministic on their own, since about one-fourth of the controls also carry a qualifying variant in

the CCR 80 analysis (Fig. S10). As such, the phenotype is determined by a constellation of other factors,

possibly including patterns of multiple variations, oligogenic contribution from rare variants (67), and

polygenic risk from common variants (68).

The excess of ultra-rare missense variants in the epilepsies clearly stemmed from genes with enriched

expression in the brain compared to other tissues, including developmentally relevant genes. A strong

link exists between brain development and rare DEE and NDD, since both present with marked

developmental deficits accompanied with different seizure types (69,70). The relation of developmental

genes to common epilepsies is not as clear. At the cellular level, the enrichment was primarily seen in

neuron-specific genes. Synaptic genes with their various pre- and postsynaptic localizations were main

drivers in all epilepsies, with prominent signals in postsynaptic genes (Fig. S13). A similar enrichment

in synaptic genes has been observed in neurodevelopmental disorders with epilepsy (70,71),

schizophrenia (24) and autism (72), highlighting a shared genetic architecture not only between epilepsy

subtypes but also with other related neurological disorders, as has been shown previously for common

variants (73). Ion channel genes were enriched for ultra-rare, constrained variants in all epilepsy

phenotypes (Fig. 4), as has been shown in previous work focusing on ultra-rare variants (8,10).

Despite the common genetic and phenotypic features, DEE, GGE and NAFE represent well-recognized

phenotypic clusters with defined electro-encephalographic and clinical characteristics. Given the

phenotypic severity of DEE, the prevalence of *de novo* variants and 'monogenic' cases in DEE, and the

description of phenotypic spectra for genes involved in DEE that also span the milder GGE or NAFE,

the distinction between severe and mild epilepsies could be attributed, at least to some extent, to the

severity of the genetic defects, their functional effects or their localization within certain channel regions

(61,74–77). The distinction between GGE and NAFE, however, is probably functional, at least in part,

as suggested by previous work demonstrating the centrality of GABAergic genes in generalized

epilepsies (9,10). Also, it is well recognized that few genes present with focal, but not generalized,

epilepsy syndromes (78). Here, phenotype-specific patterns were seen in comparisons of GGE and

NAFE. GABA$_A$ receptor genes, GABAergic pathway genes and genes enriched in inhibitory neurons

were preferentially affected in GGE in comparison to the glutamatergic pathway genes. In contrast,

NMDA receptor and ARC genes, and genes expressed in excitatory neurons were enriched in NAFE.

Corroborating this finding for GGE, we found that the enrichment in the GABAergic pathway is

stronger in core genes that are not shared with the glutamatergic pathway. An opposing pattern (albeit,

not as prominent) was seen in NAFE, where the burden in genes enriched in excitatory neurons and

glutamatergic synapse was more prominent than the burden in their inhibitory and GABAergic

counterparts, providing evidence for the importance of the former in focal epilepsies.

Additional disparities in key gene-sets point to a possible genetic-functional divergence, so that a

common background of shared risk seems to be overlaid by specific risk entities. Groups of known

genes implicated in focal vs. generalized epilepsy were enriched in NAFE vs. GGE. Interestingly, the

same pattern was found for the 100 top ranking genes associated with GWAS hits, which were

preferentially enriched in respective phenotypic groups. The enrichment of rare variants in GWAS

genes also supports the convergence of ultra-rare and common variants in conferring epilepsy risk.

According to our findings, a link between common and rare variants is likely to be also relevant for the

phenotypic heterogeneity observed in seizure disorders. Notably, polygenic risk scores also pointed out

the specificity of the risk profiles in common epilepsies (68). We also found an enrichment of ultra-rare

de novo variants in DEE in a previously identified brain co-expression module (54), and the same

module was also enriched for constrained variants in GGE and NAFE. Although co-expressed genes

are not necessarily part of a single pathway, they represent closely orchestrated networks with possible

functional correlations. It is therefore conceivable that differentially expressed genes in individuals with

epilepsy would highlight modules in which altered transcription, ultra-rare variants, or both contribute

to cause both rare and common epilepsies.

Study limitations

Despite their robustness, the associations presented in this work should be interpreted with the caveats

of gene group testing in mind (79). Given that pathways and molecular processes are not consistently

defined in different resources, it is not always easy to define genes that represent a certain pathway. For

instance, GABAergic and glutamatergic pathway definitions based on GO terms and KEGG databases

are widely discordant (Fig. S18). These differences may explain the discrepancies we observed in

enrichment patterns in the same pathway. One gene with abundance of qualifying variants in the GO-

based analysis of the glutamatergic pathway was *PPFIA3* (see Additional file 4), a highly intolerant

gene that encodes a synaptic receptor tyrosine phosphatase highly expressed in the brain. However,

PPFIA3 is not part of the KEGG-based glutamatergic pathway. Attempting to overcome such

discrepancies, we examined multiple overlapping gene-sets from different resources. Associations that

are seen regardless of the gene-set source (e.g., the consistent pattern of enrichment in inhibitory vs.

excitatory neuronal/pathway genes in GGE vs. NAFE) are, therefore, likely to underscore a genuine

biological relevance.

The analysis presented here has additional limitations which we aimed to overcome using stringent

analysis and quality control strategies. The limited use of about half of the controls from the primary

analysis to maximize case-control matching affected the overall power. Nevertheless, we were able to

reproduce most of the major signals from gene-sets with large effect sizes, the latter thereby active as

positive controls. The male-to-female ratios were not well-balanced in our case and control sets. Based

on a secondary analysis excluding X chromosomal genes, this does not seem to introduce a substantial

bias (see Additional file 5). The overlap between the controls used in this study and gnomAD controls

resulting from MIGen Leicester and Ottawa controls (Table S2) created some challenges in defining

ultra-rare variants, usually defined as those variants not observed in population databases. For

population frequency filtering, we allowed around five alleles in gnomAD (allele frequency of 2×10^{-5}).

This count that exceeds our internal filtering cut-off for ultra-rare variants (three alleles) would allow

for the retention of ultra-rare variants from our control that are also seen in gnomAD while still filtering

common variants and prevalent sequencing artifacts. Also, multiple in-silico algorithms for predicting

missense deleteriousness and estimating constraint (including MPC, MTR, and CCR scores) were

derived from or validated in the Exome Aggregation Consortium (80) and gnomAD databases.

Examination of control conditions and control gene-sets that are not expected to show an enrichment

(e.g., genes not expressed in the brain) did not indicate any prominent inflation and supported the

validity of the overall analysis. Interestingly, some signals in 'non-neuronal' gene-sets could be

explained by the inclusion of well-established epilepsy genes (Fig. S20), like *CACNA1A* (63) and

CACNA1E (64), which are in fact key neuronal genes of synaptic transmission.

Conclusions:

Missense URVs affecting constrained sites in brain-expressed genes are key genetic drivers in epilepsy. Patients with both common and rare epilepsy subtypes show an increased exome-wide burden of such variants that is primarily derived from neuronal genes, where key gene-sets including ion channels, developmental and synaptic genes are enriched across the phenotypic spectrum of epilepsy. Genes implicated by common GWAS variants may also be disrupted by URVs in various epilepsy phenotypes, suggesting a convergence of rare disruptive variants, and common variants in the pathogenesis of epilepsy. Enrichment patterns of URV-affected genes suggest a preferential involvement of inhibitory genes in GGE and excitatory genes in focal epilepsies.

Additional files:

- Additional file 1: PDF file. Supplemental methods, tables and figures; affiliations of the Epi25 Collaborative members.
- Additional file 2: Excel xlsx file. List of genes and gene-sets.
- Additional file 3: Excel xlsx file. Gene-set burden analysis results.
- Additional file 4: Excel xlsx file. Top-ranking genes per gene-set in the CCR 80 analysis.
- Additional file 5: Excel xlsx file. Secondary analysis results.

List of abbreviations:

ARC: Activity-Regulated Cytoskeleton protein.

ATVB: Atherosclerosis, Thrombosis, and Vascular Biology Study.

CAD: Coronary Artery Disease.

CCR: Constrained Coding Regions.

CDS: Coding sequences.

dbGAP: Database of Genotypes and Phenotypes.

DEE: Developmental and Epileptic Encephalopathies.

FDR: False Discovery Rate.

FMRP: Fragile-X Mental Retardation Protein.

GATK: Genome Analysis Toolkit.

GGE: Genetic Generalized Epilepsy.

GO: Gene Ontology.

GWAS: Genome-Wide Association Study.

KEGG: Kyoto Encyclopedia of Genes and Genomes.

ILAE: International League Against Epilepsy.

MAC: Minor Allele Counts.

MAF: Minor Allele Frequencies.

MGI: Mouse Genome Informatics.

MIGen: Myocardial Infarction Genetics Consortium.

MPC: Missense Badness Polyphen and Constraint.

MTR: Missense Tolerance Ratio.

NAFE: Non-Acquired Focal Epilepsy.

NDD: Neuro-Developmental Disorders.

NMDA: N-methyl D-Aspartate.

PCA: Principal Component Analysis.

PPh2: PolyPhen2

PSD-95: Post-synaptic density protein 95.

PTVs: Protein Truncating Variants.

QVs: Qualifying Variants.

SIFT: Sorting Intolerant From Tolerant

URV: Ultra-Rare Variants.

Declarations:

Ethics approval and consent to participate: This analysis utilized previously analyzed and published

data from the Epi25 Collaborative and the MIGen Consortium. Subjects investigated by the

Collaborative provided signed informed consent at the participating centers according to local national

ethical requirements and their standards at the time of collection. Approval for data reuse and analysis

was obtained from the Epi25 Collaborative (cases) and dbGAP (controls). The ethical approval and

consents procedures for the individual cohorts were reported by the Epi25 Collaborative (see methods

section).

Consent for publication: not applicable.

Availability of data and materials: The data/analyses presented in the current publication are based on

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(https://ncbi.nlm.nih.gov/gap/) under accessions phs000473, phs001000, phs000806, phs001592 and

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Authors' contributions: HL, PM, MK conceived the study. HL, PM, RK, and MK contributed to the study design and/or data acquisition. MK and PM performed the analysis with input from HL, RK, TS, DRB and MN. MK, PM, and HL interpreted the results and wrote the manuscript. Authors from the Epi25 Collaborative recruited and phenotyped patients and/or contributed to data generation as indicated in the appendix. All authors reviewed the manuscript for intellectual content and approved the final version of the manuscript.

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References:

1. McTague A, Howell KB, Cross JH, Kurian MA, Scheffer IE. The genetic landscape of the
epileptic encephalopathies of infancy and childhood. Lancet Neurol. 2016 Mar;15(3):304–16.
Available from: https://linkinghub.elsevier.com/retrieve/pii/S1474442215002501

2. Happ HC, Carvill GL. A 2020 View on the Genetics of Developmental and Epileptic
Encephalopathies. Epilepsy Curr. 2020 Mar;20(2):90–6. Available from:
http://journals.sagepub.com/doi/10.1177/1535759720906118

3. Hebbar M, Mefford HC. Recent advances in epilepsy genomics and genetic testing.
F1000Research. 2020 Mar 12;9:185. Available from: https://f1000research.com/articles/9-185/v1

4. EpiPM Consortium. A roadmap for precision medicine in the epilepsies. Lancet Neurol. 2015
Dec;14(12):1219–28. Available from:
https://linkinghub.elsevier.com/retrieve/pii/S1474442215001994

5. Striano P, Minassian BA. From Genetic Testing to Precision Medicine in Epilepsy.
Neurotherapeutics. 2020 Apr;17(2):609–15. Available from:
http://link.springer.com/10.1007/s13311-020-00835-4

6. Sisodiya SM. Precision medicine and therapies of the future. Epilepsia. 2021 Mar;62(S2).
Available from: https://onlinelibrary.wiley.com/doi/10.1111/epi.16539

7. Lerche H. Drug-resistant epilepsy — time to target mechanisms. Nat Rev Neurol. 2020
Nov;16(11):595–6. Available from: http://www.nature.com/articles/s41582-020-00419-y

8. Epi4K Consortium, Epilepsy Phenome/Genome Project. Ultra-rare genetic variation in common
epilepsies: a case-control sequencing study. Lancet Neurol. 2017 Feb;16(2):135–43. Available
from: https://linkinghub.elsevier.com/retrieve/pii/S1474442216303593

9. May P, Girard S, Harrer M, Bobbili DR, Schubert J, Wolking S, et al. Rare coding variants in
genes encoding GABAA receptors in genetic generalised epilepsies: an exome-based case-control

study. Lancet Neurol. 2018 Aug;17(8):699–708. Available from:

https://linkinghub.elsevier.com/retrieve/pii/S1474442218302151

10. Epi25 Collaborative. Ultra-Rare Genetic Variation in the Epilepsies: A Whole-Exome Sequencing

Study of 17,606 Individuals. Am J Hum Genet. 2019 Aug;105(2):267–82. Available from:

https://linkinghub.elsevier.com/retrieve/pii/S0002929719302071

11. Tryka KA, Hao L, Sturcke A, Jin Y, Wang ZY, Ziyabari L, et al. NCBI's Database of Genotypes

and Phenotypes: dbGaP. Nucleic Acids Res. 2014 Jan;42(D1):D975–9. Available from:

https://academic.oup.com/nar/article-lookup/doi/10.1093/nar/gkt1211

12. The 1000 Genomes Project Consortium. A global reference for human genetic variation. Nature.

2015 Oct;526(7571):68–74. Available from: http://www.nature.com/articles/nature15393

13. McKenna A, Hanna M, Banks E, Sivachenko A, Cibulskis K, Kernytsky A, et al. The Genome

Analysis Toolkit: A MapReduce framework for analyzing next-generation DNA sequencing data.

Genome Res. 2010 Sep 1;20(9):1297–303. Available from:

http://genome.cshlp.org/cgi/doi/10.1101/gr.107524.110

14. Chang CC, Chow CC, Tellier LC, Vattikuti S, Purcell SM, Lee JJ. Second-generation PLINK:

rising to the challenge of larger and richer datasets. GigaScience. 2015 Dec;4(1):7. Available from:

https://academic.oup.com/gigascience/article-lookup/doi/10.1186/s13742-015-0047-8

15. Manichaikul A, Mychaleckyj JC, Rich SS, Daly K, Sale M, Chen W-M. Robust relationship

inference in genome-wide association studies. Bioinformatics. 2010 Nov 15;26(22):2867–73.

Available from: https://academic.oup.com/bioinformatics/article-

lookup/doi/10.1093/bioinformatics/btq559

16. Frankish A, Diekhans M, Ferreira A-M, Johnson R, Jungreis I, Loveland J, et al. GENCODE

reference annotation for the human and mouse genomes. Nucleic Acids Res. 2019 Jan

8;47(D1):D766–73. Available from: https://academic.oup.com/nar/article/47/D1/D766/5144133

17. Krusche P, Trigg L, Boutros PC, Mason CE, De La Vega FM, Moore BL, et al. Best practices for

benchmarking germline small-variant calls in human genomes. Nat Biotechnol. 2019

May;37(5):555–60. Available from: http://www.nature.com/articles/s41587-019-0054-x

18. Li H, Handsaker B, Wysoker A, Fennell T, Ruan J, Homer N, et al. The Sequence

Alignment/Map format and SAMtools. Bioinformatics. 2009 Aug 15;25(16):2078–9. Available

from: https://academic.oup.com/bioinformatics/article-lookup/doi/10.1093/bioinformatics/btp352

19. Tan A, Abecasis GR, Kang HM. Unified representation of genetic variants. Bioinformatics. 2015
Jul 1;31(13):2202–4. Available from: https://academic.oup.com/bioinformatics/article-
lookup/doi/10.1093/bioinformatics/btv112

20. Price AL, Patterson NJ, Plenge RM, Weinblatt ME, Shadick NA, Reich D. Principal components
analysis corrects for stratification in genome-wide association studies. Nat Genet. 2006
Aug;38(8):904–9. Available from: http://www.nature.com/articles/ng1847

21. Patterson N, Price AL, Reich D. Population Structure and Eigenanalysis. PLoS Genet.
2006;2(12):e190. Available from: https://dx.plos.org/10.1371/journal.pgen.0020190

22. Cingolani P, Platts A, Wang LL, Coon M, Nguyen T, Wang L, et al. A program for annotating
and predicting the effects of single nucleotide polymorphisms, SnpEff: SNPs in the genome of
Drosophila melanogaster strain w1118; iso-2; iso-3. Fly (Austin). 2012 Jun;6(2):80–92.

23. Wang K, Li M, Hakonarson H. ANNOVAR: functional annotation of genetic variants from high-
throughput sequencing data. Nucleic Acids Res. 2010 Sep 1;38(16):e164–e164. Available from:
https://academic.oup.com/nar/article-lookup/doi/10.1093/nar/gkq603

24. Genovese G, Fromer M, Stahl EA, Ruderfer DM, Chambert K, Landén M, et al. Increased burden
of ultra-rare protein-altering variants among 4,877 individuals with schizophrenia. Nat Neurosci.
2016 Nov;19(11):1433–41. Available from: http://www.nature.com/articles/nn.4402

25. Demontis D, Satterstrom K, Duan J, Lescai F, Dinesen Østergaard S, Lesch K-P, et al. The Role
of Ultra-Rare Coding Variants In ADHD. Eur Neuropsychopharmacol. 2019;29:S724–5. Available
from: https://linkinghub.elsevier.com/retrieve/pii/S0924977X1730319X

26. Wilfert AB, Turner TN, Murali SC, Hsieh P, Sulovari A, Wang T, et al. Recent ultra-rare
inherited mutations identify novel autism candidate risk genes. Genetics; 2020 Feb . Available
from: http://biorxiv.org/lookup/doi/10.1101/2020.02.10.932327

27. Singh T, Walters JTR, Johnstone M, Curtis D, Torniainen M, Rees E, et al. The contribution of
rare variants to risk of schizophrenia in individuals with and without intellectual disability. Nat
Genet. 2017 Aug;49(8):1167–73. Available from: http://www.nature.com/articles/ng.3903

28. Bennett CA, Petrovski S, Oliver KL, Berkovic SF. ExACtly zero or once: A clinically helpful
guide to assessing genetic variants in mild epilepsies. Neurol Genet. 2017 Aug;3(4):e163. Available
from: http://ng.neurology.org/lookup/doi/10.1212/NXG.0000000000000163

29. Dewey FE, Murray MF, Overton JD, Habegger L, Leader JB, Fetterolf SN, et al. Distribution and

clinical impact of functional variants in 50,726 whole-exome sequences from the DiscovEHR study.

Science. 2016 Dec 23;354(6319):aaf6814. Available from:

https://www.sciencemag.org/lookup/doi/10.1126/science.aaf6814

30. Karczewski KJ, Francioli LC, Tiao G, Cummings BB, Alföldi J, Wang Q, et al. The mutational

constraint spectrum quantified from variation in 141,456 humans. Nature. 2020

May;581(7809):434–43. Available from: http://www.nature.com/articles/s41586-020-2308-7

31. Adzhubei IA, Schmidt S, Peshkin L, Ramensky VE, Gerasimova A, Bork P, et al. A method and

server for predicting damaging missense mutations. Nat Methods. 2010 Apr;7(4):248–9. Available

from: http://www.nature.com/articles/nmeth0410-248

32. Sim N-L, Kumar P, Hu J, Henikoff S, Schneider G, Ng PC. SIFT web server: predicting effects of

amino acid substitutions on proteins. Nucleic Acids Res. 2012 Jul 1;40(W1):W452–7. Available

from: https://academic.oup.com/nar/article-lookup/doi/10.1093/nar/gks539

33. Samocha KE, Kosmicki JA, Karczewski KJ, O'Donnell-Luria AH, Pierce-Hoffman E, MacArthur

DG, et al. Regional missense constraint improves variant deleteriousness prediction. bioRxiv. 2017

Jun; Genomics. Available from: http://biorxiv.org/lookup/doi/10.1101/148353

34. Traynelis J, Silk M, Wang Q, Berkovic SF, Liu L, Ascher DB, et al. Optimizing genomic

medicine in epilepsy through a gene-customized approach to missense variant interpretation.

Genome Res. 2017 Oct;27(10):1715–29. Available from:

http://genome.cshlp.org/lookup/doi/10.1101/gr.226589.117

35. Havrilla JM, Pedersen BS, Layer RM, Quinlan AR. A map of constrained coding regions in the

human genome. Nat Genet. 2019 Jan;51(1):88–95. Available from:

http://www.nature.com/articles/s41588-018-0294-6

36. Lal D, May P, Perez-Palma E, Samocha KE, Kosmicki JA, Robinson EB, et al. Gene family

information facilitates variant interpretation and identification of disease-associated genes in

neurodevelopmental disorders. Genome Med. 2020 Dec;12(1):28. Available from:

https://genomemedicine.biomedcentral.com/articles/10.1186/s13073-020-00725-6

37. Dickerson JE, Robertson DL. On the Origins of Mendelian Disease Genes in Man: The Impact of

Gene Duplication. Mol Biol Evol. 2012 Jan 1;29(1):61–9. Available from:

https://academic.oup.com/mbe/article-lookup/doi/10.1093/molbev/msr111

38. Samocha KE, Robinson EB, Sanders SJ, Stevens C, Sabo A, McGrath LM, et al. A framework for
the interpretation of de novo mutation in human disease. Nat Genet. 2014 Sep;46(9):944–50.
Available from: http://www.nature.com/articles/ng.3050

39. Genotype Tissue Expression Project portal. Available from: https://www.gtexportal.org. Accessed
2020 Dec 1.

40. Ashburner M, Ball CA, Blake JA, Botstein D, Butler H, Cherry JM, et al. Gene Ontology: tool for
the unification of biology. Nat Genet. 2000 May;25(1):25–9. Available from:
http://www.nature.com/articles/ng0500_25

41. The Gene Ontology Consortium. The Gene Ontology resource: enriching a GOld mine. Nucleic
Acids Res. 2021 Jan 8;49(D1):D325–34. Available from:
https://academic.oup.com/nar/article/49/D1/D325/6027811

42. Cardoso-Moreira M, Halbert J, Valloton D, Velten B, Chen C, Shao Y, et al. Gene expression
across mammalian organ development. Nature. 2019 Jul;571(7766):505–9. Available from:
http://www.nature.com/articles/s41586-019-1338-5

43. Human Protein Atlas. Available from: https://www.proteinatlas.org. Accessed 2020 Dec 1.

44. Uhlen M, Fagerberg L, Hallstrom BM, Lindskog C, Oksvold P, Mardinoglu A, et al. Tissue-based
map of the human proteome. Science. 2015 Jan 23;347(6220):1260419–1260419. Available from:
https://www.sciencemag.org/lookup/doi/10.1126/science.1260419

45. Dusart P, Hallström BM, Renné T, Odeberg J, Uhlén M, Butler LM. A Systems-Based Map of
Human Brain Cell-Type Enriched Genes and Malignancy-Associated Endothelial Changes. Cell
Rep. 2019 Nov;29(6):1690-1706.e4. Available from:
https://linkinghub.elsevier.com/retrieve/pii/S2211124719312926

46. Mo A, Mukamel EA, Davis FP, Luo C, Henry GL, Picard S, et al. Epigenomic Signatures of
Neuronal Diversity in the Mammalian Brain. Neuron. 2015 Jun;86(6):1369–84. Available from:
https://linkinghub.elsevier.com/retrieve/pii/S0896627315004250

47. Pirooznia M, Wang T, Avramopoulos D, Valle D, Thomas G, Huganir RL, et al. SynaptomeDB:
an ontology-based knowledgebase for synaptic genes. Bioinformatics. 2012 Mar 15;28(6):897–9.
Available from: https://academic.oup.com/bioinformatics/article-
lookup/doi/10.1093/bioinformatics/bts040

48. Koopmans F, van Nierop P, Andres-Alonso M, Byrnes A, Cijsouw T, Coba MP, et al. SynGO:
An Evidence-Based, Expert-Curated Knowledge Base for the Synapse. Neuron. 2019
Jul;103(2):217-234.e4. Available from:
https://linkinghub.elsevier.com/retrieve/pii/S0896627319304271

49. Liberzon A, Birger C, Thorvaldsdóttir H, Ghandi M, Mesirov JP, Tamayo P. The Molecular
Signatures Database Hallmark Gene Set Collection. Cell Syst. 2015 Dec;1(6):417–25. Available
from: https://linkinghub.elsevier.com/retrieve/pii/S2405471215002185

50. Kanehisa M, Furumichi M, Sato Y, Ishiguro-Watanabe M, Tanabe M. KEGG: integrating viruses
and cellular organisms. Nucleic Acids Res. 2021 Jan 8;49(D1):D545–51. Available from:
https://academic.oup.com/nar/article/49/D1/D545/5943834

51. Jassal B, Matthews L, Viteri G, Gong C, Lorente P, Fabregat A, et al. The reactome pathway
knowledgebase. Nucleic Acids Res. 2019 Nov 6;gkz1031. Available from:
https://academic.oup.com/nar/advance-article/doi/10.1093/nar/gkz1031/5613674

52. The International League Against Epilepsy Consortium on Complex Epilepsies. Genome-wide
mega-analysis identifies 16 loci and highlights diverse biological mechanisms in the common
epilepsies. Nat Commun. 2018 Dec;9(1):5269. Available from:
http://www.nature.com/articles/s41467-018-07524-z

53. Johnson MR, Behmoaras J, Bottolo L, Krishnan ML, Pernhorst K, Santoscoy PLM, et al. Systems
genetics identifies Sestrin 3 as a regulator of a proconvulsant gene network in human epileptic
hippocampus. Nat Commun. 2015 May;6(1):6031. Available from:
http://www.nature.com/articles/ncomms7031

54. Delahaye-Duriez A, Srivastava P, Shkura K, Langley SR, Laaniste L, Moreno-Moral A, et al.
Rare and common epilepsies converge on a shared gene regulatory network providing opportunities
for novel antiepileptic drug discovery. Genome Biol. 2016 Dec;17(1):245. Available from:
http://genomebiology.biomedcentral.com/articles/10.1186/s13059-016-1097-7

55. R Core Team. R: A language and environment for statistical computing. Available from:
https://www.R-project.org/

56. Zeileis, Hothorn. Diagnostic Checking in Regression Relationships. Rnews. 2002. Available
from: https://CRAN.R-project.org/doc/Rnews/

57. Vacher H, Mohapatra DP, Trimmer JS. Localization and Targeting of Voltage-Dependent Ion
Channels in Mammalian Central Neurons. Physiol Rev. 2008 Oct;88(4):1407–47. Available from:
https://www.physiology.org/doi/10.1152/physrev.00002.2008

58. Martenson JS, Tomita S. Synaptic localization of neurotransmitter receptors: comparing
mechanisms for AMPA and GABAA receptors. Curr Opin Pharmacol. 2015 Feb;20:102–8.
Available from: https://linkinghub.elsevier.com/retrieve/pii/S1471489214001660

59. Lerche H, Shah M, Beck H, Noebels J, Johnston D, Vincent A. Ion channels in genetic and
acquired forms of epilepsy: Ion channels in epilepsy. J Physiol. 2013 Feb;591(4):753–64. Available
from: http://doi.wiley.com/10.1113/jphysiol.2012.240606

60. Oyrer J, Maljevic S, Scheffer IE, Berkovic SF, Petrou S, Reid CA. Ion Channels in Genetic
Epilepsy: From Genes and Mechanisms to Disease-Targeted Therapies. Pharmacol Rev. 2018
Jan;70(1):142–73. Available from:
http://pharmrev.aspetjournals.org/lookup/doi/10.1124/pr.117.014456

61. Maljevic S, Møller RS, Reid CA, Pérez-Palma E, Lal D, May P, et al. Spectrum of GABAA
receptor variants in epilepsy. Curr Opin Neurol. 2019 Apr;32(2):183–90. Available from:
https://journals.lww.com/00019052-201904000-00003

62. Craig AM, Kang Y. Neurexin–neuroligin signaling in synapse development. Curr Opin
Neurobiol. 2007 Feb;17(1):43–52. Available from:
https://linkinghub.elsevier.com/retrieve/pii/S095943880700013X

63. Epi4K Consortium. De Novo Mutations in SLC1A2 and CACNA1A Are Important Causes of
Epileptic Encephalopathies. Am J Hum Genet. 2016 Aug;99(2):287–98. Available from:
https://linkinghub.elsevier.com/retrieve/pii/S000292971630204X

64. Helbig KL, Lauerer RJ, Bahr JC, Souza IA, Myers CT, Uysal B, et al. De Novo Pathogenic
Variants in CACNA1E Cause Developmental and Epileptic Encephalopathy with Contractures,
Macrocephaly, and Dyskinesias. Am J Hum Genet. 2018 Nov;103(5):666–78. Available from:
https://linkinghub.elsevier.com/retrieve/pii/S0002929718303173

65. Takata A, Ionita-Laza I, Gogos JA, Xu B, Karayiorgou M. De Novo Synonymous Mutations in
Regulatory Elements Contribute to the Genetic Etiology of Autism and Schizophrenia. Neuron.
2016 Mar 2;89(5):940–7.

66. Ganna A, Satterstrom FK, Zekavat SM, Das I, Kurki MI, Churchhouse C, et al. Quantifying the
Impact of Rare and Ultra-rare Coding Variation across the Phenotypic Spectrum. Am J Hum Genet.
2018 Jun 7;102(6):1204–11.

67. Takata A, Nakashima M, Saitsu H, Mizuguchi T, Mitsuhashi S, Takahashi Y, et al.
Comprehensive analysis of coding variants highlights genetic complexity in developmental and
epileptic encephalopathy. Nat Commun. 2019 Dec;10(1):2506. Available from:
http://www.nature.com/articles/s41467-019-10482-9

68. Leu C, Stevelink R, Smith AW, Goleva SB, Kanai M, Ferguson L, et al. Polygenic burden in
focal and generalized epilepsies. Brain. 2019 Nov 1;142(11):3473–81. Available from:
https://academic.oup.com/brain/article/142/11/3473/5585821

69. Scheffer IE, Berkovic S, Capovilla G, Connolly MB, French J, Guilhoto L, et al. ILAE
classification of the epilepsies: Position paper of the ILAE Commission for Classification and
Terminology. Epilepsia. 2017 Apr;58(4):512–21. Available from:
http://doi.wiley.com/10.1111/epi.13709

70. Heyne HO, Singh T, Stamberger H, Abou Jamra R, Caglayan H, Craiu D, et al. De novo variants
in neurodevelopmental disorders with epilepsy. Nat Genet. 2018 Jul;50(7):1048–53.

71. EuroEPINOMICS-RES Consortium, Epilepsy Phenome/Genome Project, Epi4K Consortium. De
Novo Mutations in Synaptic Transmission Genes Including DNM1 Cause Epileptic
Encephalopathies. Am J Hum Genet. 2014 Oct;95(4):360–70. Available from:
https://linkinghub.elsevier.com/retrieve/pii/S0002929714003838

72. De Rubeis S, He X, Goldberg AP, Poultney CS, Samocha K, Cicek AE, et al. Synaptic,
transcriptional and chromatin genes disrupted in autism. Nature. 2014 Nov;515(7526):209–15.
Available from: http://www.nature.com/articles/nature13772

73. The Brainstorm Consortium. Analysis of shared heritability in common disorders of the brain.
Science. 2018 Jun 22;360(6395):eaap8757. Available from:
https://www.sciencemag.org/lookup/doi/10.1126/science.aap8757

74. Johannesen KM, Gardella E, Linnankivi T, Courage C, de Saint Martin A, Lehesjoki A-E, et al.
Defining the phenotypic spectrum of *SLC6A1* mutations. Epilepsia. 2018 Feb;59(2):389–402.
Available from: http://doi.wiley.com/10.1111/epi.13986

75. Liu Y, Schubert J, Sonnenberg L, Helbig KL, Hoei-Hansen CE, Koko M, et al. Neuronal

mechanisms of mutations in *SCN8A* causing epilepsy or intellectual disability. Brain. 2019 Feb

1;142(2):376–90. Available from: https://academic.oup.com/brain/article/142/2/376/5277044

76. Wolking S, May P, Mei D, Møller RS, Balestrini S, Helbig KL, et al. Clinical spectrum of *STX1B*

-related epileptic disorders. Neurology. 2019 Feb 8;10.1212/WNL.0000000000007089. Available

from: http://www.neurology.org/lookup/doi/10.1212/WNL.0000000000007089

77. Vardar G, Gerth F, Schmitt XJ, Rautenstrauch P, Trimbuch T, Schubert J, et al. Epilepsy-causing

STX1B mutations translate altered protein functions into distinct phenotypes in mouse neurons.

Brain. 2020 Jul 1;143(7):2119–38. Available from:

https://academic.oup.com/brain/article/143/7/2119/5861027

78. Wang J, Lin Z-J, Liu L, Xu H-Q, Shi Y-W, Yi Y-H, et al. Epilepsy-associated genes. Seizure.

2017 Jan;44:11–20. Available from:

https://linkinghub.elsevier.com/retrieve/pii/S1059131116302989

79. de Leeuw CA, Neale BM, Heskes T, Posthuma D. The statistical properties of gene-set analysis.

Nat Rev Genet. 2016 Jun;17(6):353–64. Available from:

http://www.nature.com/articles/nrg.2016.29

80. Lek M, Karczewski KJ, Minikel EV, Samocha KE, Banks E, Fenell T, et al. Analysis of protein-

coding genetic variation in 60,706 humans. Nature. 2016 Aug;536(7616):285–91. Available from:

http://www.nature.com/articles/nature19057

Table (1): Gene-sets investigated in this study.

Group of all protein coding genes (1):

-all genes annotated by snpEff as protein coding.

Groups based on brain expression (34): Expression in the brain, regional, cellular and sub-cellular expression patterns.

Brain-expressed LOF-intolerant genes: excluding genes with no expression in the cortex/hippocampus	**Cortical and hippocampal expression level:** -High, Moderate, Low in the cortex. -High, Moderate, Low in the hippocampus.	**Cell-type-specific enrichment:** -Neurons -glial cells -Excitatory neurons - Inhibitory neurons - Astrocytes -Microglia -Oligodendrocytes - Endothelium.
-pLI > 0.995. -pLI 0.9-0.995. -pLI 0.8-0.9. **Brain-expressed missense-intolerant genes:**	**Brain development:** -Brain development genes (Gene-Ontology group).	**Neuronal Localization:** -Axon Initial Segment.

excluding genes with no expression in the cortex/hippocampus

-Z-score > 3.09.
-Z-score 2.5-3.09.
-Z-score 2-2.5.

-Brain developmental genes (extended group).
-Early developmental genes.
-Late developmental genes.

Enrichment in the brain:
-Brain-enriched -Brain-enhanced.

-Synaptic (curated group).
-Synaptic (extended group).
-Synaptic vesicle and active zone.
-Pre-synaptic.
-Post-synaptic.
-Pre-synaptic only.
-Post-synaptic only.

Functional gene-sets (28): Ion channels, transporters, synaptic cycles, pathways and neurotransmitter cycles.

Ion channels, neurotransmitter receptors and related genes:
-Voltage-gated ion channels.
-Voltage-gated cation channels.
-Brain-specific voltage-gated ion channels.
-GABA$_A$ receptors.
-GABAergic pathway.
-Excitatory receptors.
-NMDAR & ARC.
-PSD-95 interactors.

GABAergic/Glutamatergic synapses (GO groups):
-GABAergic synapse -Glutamatergic synapse
-only in GABAergic -only in glutamatergic
-shared genes.

GABAergic/Glutamatergic pathways (KEGG database):
-GABAergic pathway -Glutamatergic pathway
-only in GABAergic -only in glutamatergic
-shared genes.

Additional neuronal pathways (KEGG):
-Cholinergic pathway.
-Dopaminergic pathway.
-mTOR pathway.
-Synaptic vesicle cycle.

Glutamate release, uptake and clearance cycle.

GABA/glutamate cycles (Reactome database; pooled from multiple groups):
-GABA release, receptor activation, and clearance -

Additional neuronal groups (Reactome database):
-Presynaptic depolarization.
-Neurexins and Neuroligins.
-Synaptic Adhesion molecules.
-Receptor-type Protein Tyrosine Phosphatases.

Disease-associated and intolerant genes (14): Genes and gene-sets with known associations with epilepsy and related neurological diseases

Monogenic disease-causing genes:
-Generalized epilepsy genes.
-Focal epilepsy genes.
-Dominant epilepsy genes
-DEE genes.
-NDD with epilepsy genes.
-FMRP targets.
-MGI seizure genes.

Top-ranking 100 genes in ILAE2 GWAS:
-Generalized epilepsy GWAS.
-Focal epilepsy GWAS.
-All epilepsies GWAS.

Brain co-expression module:
-Co-expressed module identified in non-diseased post-mortem brain tissues.
(enriched for *de novo* variants in DEE).

Regulatory and co-expression modules in epilepsy:
-Co-expression network identified in brain tissues of Temporal Lobe Epilepsy patients
- Two modules within this network.

Control groups (15):

Genes not expressed in the brain:

KEGG metabolic pathways:
-Type II Diabetes.
-Carbohydrate Absorption & Digestion.

KEGG cancer pathways:
- CA Breast, CA Lung, CA Colon, CA Prostate, Renal

-RNA not detected in cortex, in hippocampus, or all GTEx regions. -Protein is depleted in the brain.	-Protein Absorption & Digestion. -Fat Absorption & Digestion.	Cell Ca, CA Pancreas, Hepatocellular Ca.

Figure legends:

Fig. 1: Outlines of the burden analysis method. Thirteen (synonymous and twelve functional)

variants models with focus on missense variants in constrained or paralog-conserved sites were tested

in the three epilepsy phenotypes against a shared set of matched controls. The burden was examined in

92 gene-sets (detailed in table 1) using a logistic regression model with the count of qualifying variants

per sample as a predictor and sample sex, ten principal components, singletons and exome-wide variant

counts as covariates. Two secondary analyses were performed: one analysis restricting gene-sets to

autosomal genes (to exclude bias introduced by male-to-female ratio imbalances) and another analysis

testing controls prepared for exome sequencing using Illumina ICE capture kits against controls

prepared with Agilent SureSelect capture kits (to exclude bias caused by differences in enrichment

kits).

Fig. 2: Exome-wide burden of ultra-rare variants in the epilepsies. The burden in developmental

and epileptic encephalopathies (DEE), genetic generalized epilepsies (GGE) and non-acquired focal

epilepsies (NAFE) in 19,402 protein coding genes **(A)** and 1,743 loss-of-function intolerant genes with

pLI score > 0.995 **(B)** is shown in multiple test and control conditions (y-axis) as odds ratio (x-axis)

from Likelihood Ratio Test (bars indicate 95% confidence intervals). FDR corrected p values (not

corrected for synonymous variants) are indicated with stars as follows: no star > 0.05, * < 0.05, ** <

0.005, *** < 0.005, **** < 0.0005. There is an incrementing burden with a higher level of missense

constraint. Both synonymous and benign missense alterations are not enriched, suggesting sufficient

control for inflation.

Fig. 3: Burden of ultra-rare missense variants in brain expressed and developmental genes. The

burden of benign or damaging missense variants and missense variants in highly paralog-conserved or

highly constrained sites in developmental and epileptic encephalopathies (DEE), genetic generalized

epilepsies (GGE) and non-acquired focal epilepsies (NAFE) is shown in gene-sets based on levels of

RNA/protein expression in the cortex and hippocampus **(A)** or enrichment in adult or developing brain

(B). Gene-sets are shown on the y-axis (number of genes between brackets). Log odds ratio (Likelihood

Ratio Test) are shown on the x-axis (error bars indicate 95% confidence intervals). The variant

conditions are shown in vertical panels. FDR corrected p values (not corrected for synonymous variants)

are indicated with stars as follows: no star > 0.05, * < 0.05, ** < 0.005, *** < 0.005, **** < 0.0005.

Brain enriched genes (Human Protein Atlas: more than four-fold expression compared to other tissues)

show higher burden in DEE compared to those genes with only enhanced expression (higher but less

than four-fold expression in the brain). This difference is less prominent in GGE and NAFE.

Developmental genes enriched in late development show higher burden than genes enriched in early

development.

Fig. 4: Burden in neuronal and glial cells, ion channels, receptors and related interactors. The

burden in developmental and epileptic encephalopathies (DEE), genetic generalized epilepsies (GGE)

and non-acquired focal epilepsies (NAFE) in shown on the x-axis (log-odds from Likelihood Ratio

Test; error bars indicate 95% confidence intervals). Gene-sets are shown on the y-axis (number of genes

between brackets). The variant conditions are shown in vertical panels. FDR corrected p values (not

corrected for synonymous variants) are indicated with stars as follows: no star > 0.05, * < 0.05, ** <

0.005, *** < 0.005, **** < 0.0005. **(A)** Comparisons based on the cellular expression patterns show

that the enrichment is prominent in neuron-enriched compared to glial genes, particularly in GGE. GGE

shows relatively higher enrichment in inhibitory neuron genes while NAFE shows a relatively higher

burden in excitatory neuronal genes. **(B)** Variants in GABA$_A$ receptors and GABAergic pathway are

preferentially enriched in GGE compared to groups of genes coding for NMDA receptor and neuronal

activity-regulated cytoskeleton-associated protein (ARC). In NAFE, the variants are enriched in the

NMDA receptor & ARC gene-sets, but not GABA$_A$ receptors.

Fig. 5: Enrichment in major neuronal synapses and pathways. Comparison of enrichment patterns

in GABAergic and glutamatergic synapses and pathway genes based on Gene-Ontology (GO) **(A)** or

Kyoto Encyclopedia for Genes and Genomes (KEGG) **(B)** The burden in developmental and epileptic

encephalopathies (DEE), genetic generalized epilepsies (GGE) and non-acquired focal epilepsies

(NAFE) in shown on the x-axis (log-odds from Likelihood Ratio Test; error bars indicate 95%

confidence intervals). Gene-sets are shown on the y-axis (number of genes between brackets). The

variant conditions are shown in vertical panels. FDR corrected *p* values (not corrected for synonymous

variants) are indicated with stars as follows: no star > 0.05, * < 0.05, ** < 0.005, *** < 0.005, **** <

0.0005. Complete groups, genes specific to one of the two synapses/pathways as well as their

intersection were tested. Both GO and KEGG gene sets show an increased burden in GGE when

"GABAergic only" genes are tested. GGE shows a relatively higher burden in GABAergic compared

to glutamatergic gene sets.

Fig. 6: Burden of ultra-rare variants in groups of epilepsy-related known disease genes. The

burden in five gene-sets (y-axis; number of genes between brackets) in developmental and epileptic

encephalopathies (DEE), genetic generalized epilepsies (GGE) and non-acquired focal epilepsies

(NAFE) (horizontal panel) in selected variant conditions (vertical panels) is shown on the x-axis (log

odd ratios from Likelihood Ratio Test; error bars indicate 95% confidence intervals). FDR corrected *p*

values (not corrected for synonymous variants) are indicated with stars as follows: no star > 0.05, * <

0.05, ** < 0.005, *** < 0.005, **** < 0.0005. NDD-Epilepsy: neurodevelopmental disorders with

epilepsy. FMPR: Fragile-X Mental Retardation Protein targets. MGI: Mouse Genome Informatics

database.

Fig. 7: **Risk elements in GWAS top-ranking genes and co-expression modules.** The burden of

missense variants in highly constrained sites (log-odds on the x-axis; error bars indicate 95% confidence

intervals) in developmental and epileptic encephalopathies (DEE), genetic generalized epilepsies

(GGE) and non-acquired focal epilepsies (NAFE) is shown in monogenic epilepsy genes, top-ranking

epilepsy GWAS genes, brain co-expression modules and TLE-related co-expression modules (y-axis;

number of genes between brackets). FDR corrected p values (not corrected for synonymous variants)

are indicated with stars as follows: no star > 0.05, * < 0.05, ** < 0.005, *** < 0.005, **** < 0.0005.

(A) Generalized or focal epilepsies (presumed monogenic) as well as top-ranking 100 genes from

GWAS of generalized and focal epilepsies are preferentially enriched for constrained missense variants

(CCR 80) in respective phenotypic cohorts indicating a possible convergence between common and

rare variants in GWAS genes. (B) Enrichment in co-expressed genes identified in post-mortem brain

tissues of healthy individuals (module of 320 genes) or in brain tissues from TLE patients (network of

395 genes) as well as two sub-modules of this network (M1 and M2).

Fig. 1: Outlines of the burden analysis method. Thirteen (synonymous and twelve functional) variants models with focus on missense variants in constrained or paralog-conserved sites were tested in the three epilepsy phenotypes against a shared set of matched controls. The burden was examined in 92 gene groups (detailed in table 1) using a logistic regression model with the count of qualifying variants per sample as a predictor and sample sex, ten principal components, singletons and exome-wide variant counts as covariates. Two secondary analyses were performed: one analysis restricting gene groups to autosomal genes (to exclude bias introduced by male-to-female ratio imbalances) and another analysis testing controls prepared for exome sequencing using Illumina ICE capture kits against controls prepared with Agilent SureSelect capture kits (to exclude bias caused by differences in enrichment kits).

Fig. 2: Exome-wide burden of ultra-rare variants in the epilepsies. The burden in developmental and epileptic encephalopathies (DEE), genetic generalized epilepsies (GGE) and non-acquired focal epilepsies (NAFE) in 19,402 protein coding genes **(A)** and 1,743 loss-of-function intolerant genes with pLI score > 0.995 **(B)** is shown in multiple test and control conditions (y-axis) as odds ratio (x-axis) from Likelihood Ratio Test (bars indicate 95% confidence intervals). FDR corrected *p* values (not corrected for synonymous variants) are indicated with stars as follows: no star > 0.05, * < 0.05, ** < 0.005, *** < 0.005, **** < 0.0005. There is an incrementing burden with higher level of missense constraint. Both synonymous and benign missense alterations are not enriched, suggesting sufficient control for inflation.

Fig. 3: Burden of ultra-rare missense variants in brain expressed and developmental genes. The burden of benign or damaging missense variants and missense variants in highly paralogue-conserved or highly constrained sites in developmental and epileptic encephalopathies (DEE), genetic generalized epilepsies (GGE) and non-acquired focal epilepsies (NAFE) is shown in gene groups based on levels of RNA/protein expression in the cortex and hippocampus **(A)** or enrichment in adult or developing brain **(B)**. Gene groups are shown on the y-axis (number of genes between brackets). Log odds ratio (Likelihood Ratio Test) are shown on the x-axis (error bars indicate 95% confidence intervals). The variant conditions are shown in vertical panels. FDR corrected p values (not corrected for synonymous variants) are indicated with stars as follows: no star > 0.05, * < 0.05, ** < 0.005, *** < 0.005, **** < 0.0005. Brain enriched genes (Human Protein Atlas: more than four-fold expression compared to other tissues) show higher burden in DEE compared to those genes with only enhanced expression (higher but less than four-fold expression in the brain). This difference is less prominent in GGE and NAFE. Developmental genes enriched in late development show higher burden than genes enriched in early development.

Fig. 4: Burden in neuronal and glial cells, ion channels, receptors and related interactors. The burden in developmental and epileptic encephalopathies (DEE), genetic generalized epilepsies (GGE) and non-acquired focal epilepsies (NAFE) in shown on the x-axis (log-odds from Likelihood Ratio Test; error bars indicate 95% confidence intervals). Gene groups are shown on the y-axis (number of genes between brackets). The variant conditions are shown in vertical panels. FDR corrected *p* values (not corrected for synonymous variants) are indicated with stars as follows: no star > 0.05, * < 0.05, ** < 0.005, *** < 0.005, **** < 0.0005. **(A)** Comparisons based on the cellular expression patterns show that the enrichment is prominent in neuron-enriched compared to glial genes, particularly in GGE. GGE show relatively higher enrichment in inhibitory neuron genes while NAFE show a relatively higher burden in excitatory neuronal genes. **(B)** Variants in GABA$_A$ receptors and GABAergic pathway are preferentially enriched in GGE compared to groups of genes coding for NMDA receptor and neuronal activity-regulated cytoskeleton-associated protein (ARC). In NAFE, the variants are enriched in NMDA receptor & ARC gene group, but not GABA$_A$ receptors.

Fig. 5: Enrichment in major neuronal synapses and pathways. Comparison of enrichment patterns in GABAergic and glutamatergic synapses and pathway genes based on Gene-Ontology (GO) **(A)** or Kyoto Encyclopedia for Genes and Genomes (KEGG) **(B)** The burden in developmental and epileptic encephalopathies (DEE), genetic generalized epilepsies (GGE) and non-acquired focal epilepsies (NAFE) in shown on the x-axis (log-odds from Likelihood Ratio Test; error bars indicate 95% confidence intervals). Gene groups are shown on the y-axis (number of genes between brackets). The variant conditions are shown in vertical panels. FDR corrected *p* values (not corrected for synonymous variants) are indicated with stars as follows: no star > 0.05, * < 0.05, ** < 0.005, *** < 0.005, **** < 0.0005. Complete groups, genes specific to one of the two synapses/pathways as well as their intersection were tested. Both GO and KEGG gene sets show an increased burden in in GGE when "GABAergic only" genes are tested. GGE show a relatively higher burden in GABAergic compared to glutamatergic gene sets.

Fig. 6: Burden of ultra-rare variants in groups of epilepsy-related known disease genes. The burden in five gene groups (y-axis; number of genes between brackets) in developmental and epileptic encephalopathies (DEE), genetic generalized epilepsies (GGE) and non-acquired focal epilepsies (NAFE) (horizontal panel) in selected variant conditions (vertical panels) is shown on the x-axis (log odd ratios from Likelihood Ratio Test; error bars indicate 95% confidence intervals). FDR corrected *p* values (not corrected for synonymous variants) are indicated with stars as follows: no star > 0.05, * < 0.05, ** < 0.005, *** < 0.005, **** < 0.0005. NDD-Epilepsy: neurodevelopmental disorders with epilepsy. FMPR: Fragile-X Mental Retardation Protein targets. MGI: Mouse Genome Informatics database.

Fig. 7: Risk elements in GWAS top-ranking genes and co-expression modules. The burden of missense variants in highly constrained sites (log-odds on the x-axis; error bars indicate 95% confidence intervals) in developmental and epileptic encephalopathies (DEE), genetic generalized epilepsies (GGE) and non-acquired focal epilepsies (NAFE) is shown in monogenic epilepsy genes, top-ranking epilepsy GWAS genes, brain co-expression modules and TLE-related co-expression modules (y-axis; number of genes between brackets). FDR corrected *p* values (not corrected for synonymous variants) are indicated with stars as follows: no star > 0.05, * < 0.05, ** < 0.005, *** < 0.005, **** < 0.0005. **(A)** Generalized or focal epilepsies (presumed monogenic) as well as top-ranking 100 genes from GWAS of generalized and focal epilepsies are preferentially enriched for constrained missense variants (CCR 80) in respective phenotypic cohorts indicating a possible convergence between common and rare variants in GWAS genes. **(B)** Enrichment in co-expressed genes identified in post-mortem brain tissues of healthy individuals (module of 320 genes) or in brain tissues from TLE patients (network of 395 genes) as well as two sub-modules of this network (M1 and M2).