

## **Supplemental Data**

### **Supplemental Methods**

**Figure S1.** Group 1: Interictal EEG in a 12-year-old boy (Pt5, Lys601Gln).

**Figure S2.** Group 2: Interictal EEG in a 9 year-old girl (Pt16, Trp531Cys).

**Table S1.** Genetic and electroclinical characterization of the study cohort.

**Table S2.** Epileptic features of patients with CFCS-causing BRAF mutations reported in the literature.

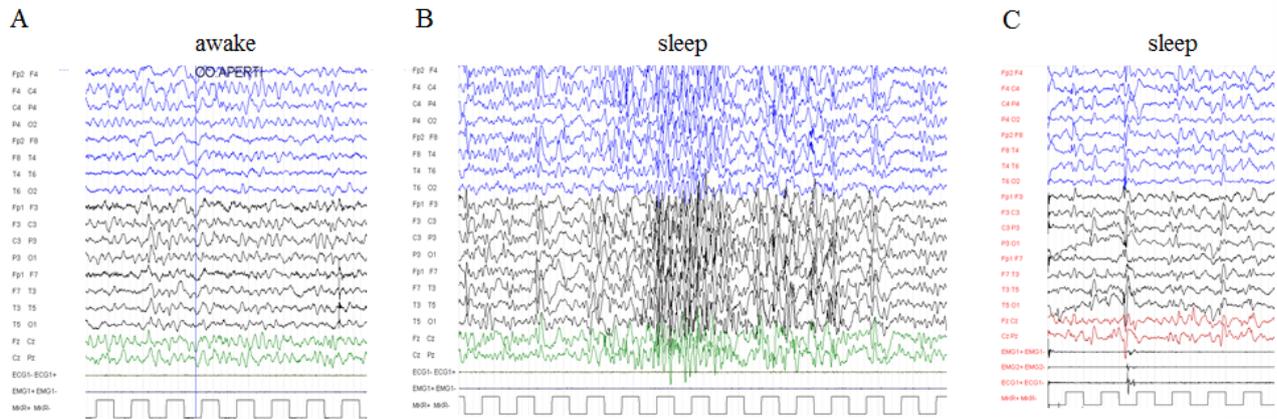
## **Supplemental Methods**

### Study Population

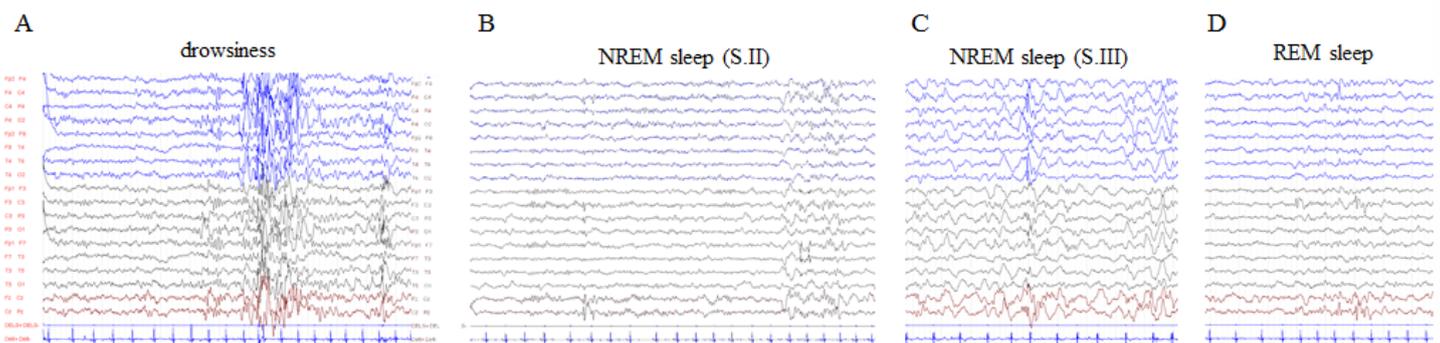
Patients belonged to two cohorts: the first one included 23 consecutive patients, who had been referred to the Unit of Pediatric Neurology, Fondazione Policlinico Universitario Agostino Gemelli, Rome, from 1997 to 2018. Nineteen of them had been followed prospectively. The second cohort comprised 11 unselected patients referred to the Unit of Neurology, Ospedale Pediatrico Bambino Gesù, Rome (2000-2018). The study population included 11 males and 23 females, with a mean age of 15.8 years  $\pm$  10.6 (range 2 - 53 years). One patient (Pt3) had been treated by left temporal lobectomy for focal cortical dysplasia at 4 years of age and another one (Pt 13) had been treated by lesionectomy for cerebellar astrocytoma at 13 years and at 18 years for recurrence of the lesion. Two patients (Pt7 and Pt9) died at 7 years, during a refractory status epilepticus (RSE), while a single patient (Pt1) died at 23 years from acute respiratory failure.

The mean follow-up period was 9.2 years  $\pm$  4.7 (range 2-23 years). Cognitive evaluation was performed by using the Wechsler scales (WISC III, WIPPSI III), Leiter-R and Griffith's Mental Developmental Scales, according to the age of patients and their cooperation (17 out of 31 patients). ID was classified according to the DSM 5 criteria.

All patients shared pathogenic *BRAF* variants (Table 1), which had been documented to occur as *de novo* events and were *bona fide* disease-causing mutations based on the American College of Medical Genetics and Genomics (ACMG) criteria <sup>(15)</sup>. The relative frequency of each mutation was in line with the data collected in the NSEuroNet database (<https://nseuronet.com>), a public repository dedicated to RASopathies continuously monitoring the growing literature on the molecular aspects of these disorders.



**Figure S1. Group 1: Interictal EEG in a 12-year-old boy (Pt5, Lys601Gln).** (A) Slow background activity during awake. (B) Discharges of irregular, high voltage, diffuse, synchronous and asynchronous SW and polySW during sleep, and discharges of slow waves with superimposed spikes. (C) Diffuse discharge of SW sometimes accompanied by isolated myoclonic jerk visible on the right deltoid EMG, during sleep.



**Figure S2. Group 2: Interictal EEG in a 9 year-old girl (Pt16, Trp531Cys).** (A) Drowsiness: diffuse SW and polySW discharge, predominant on the right regions. (B) Asynchronous SW on the both central, left anterior regions and vertex, during stage II of NREM sleep. (C) Discharge of SW predominant on the right regions during NREM sleep (Stage III). (D) Asynchronous SW on the both central, left anterior regions and vertex during REM Sleep.

**Table S1. Genetic and electroclinical characterization of the study cohort.**

| GROUP<br>(age;sex) | F-UP<br>(y) | BRAF amino<br>acid<br>substitutionand<br>mutation class | Age and sz.<br>type at onset | Duration of<br>sz. free<br>period<br>after onset | Seizure type  | SE<br>(frequency/<br>type)                  | Epilepsy type                     | EEG<br>(background<br>activity at<br>outcome) | EEG (paroxysmal activity at<br>outcome)   | sz. frequency<br>at outcome | AEDs  |
|--------------------|-------------|---|------------------------------|--|---|---|-----------------------------------|---|---|-----------------------------|---|
| <b>Group 1</b>     |             |   |                              |  |   |   |                                   |   |   |                             |   |
| #1<br>(23y; M+)    | 23          | Lys601Gnl<br>II   | 2m<br>focal onset            | 6y   | I) Focal onset:<br>- motor/hyperkinetic<br>- focal to bilateral<br>tonic- clonic.<br>II) Generalized onset:<br>- myoclonic                      | Recurrent/<br>convulsive and<br>focal motor | Combined focal<br>and generalized | Slow, asymmetric                              | Multifocal and diffuse S, SW<br>and polySW;<br>bursts of focal fast activity  | Daily                       | PB, VPA,<br>CBZ, BDZ,<br>LTG, LEV,<br>TPM, ZNS,<br>PHT, RUF |
| # 2<br>(17y;<br>M) | 15          | Asp638Glu<br>III  | 2y<br>focal onset            | no   | I) Focal onset:<br>- motor<br>- focal to bilateral<br>tonic- clonic.<br>II) Generalized onset:<br>- epileptic spasms                            | Recurrent/<br>focal motor                   | Combined focal<br>and generalized | Slow  | Multifocal and diffuse S and<br>SW in awake;<br>alternating pattern in sleep;<br>bursts of focal fast activity        | Daily                       | PB, CBZ,<br>GVG, BDZ  |
| # 3<br>(15y; M)    | 15          | Asp638Glu<br>III  | 5m<br>epileptic<br>spasms    | 8m   | I) Focal onset:<br>- motor/hyperkinetic<br>- focal to bilateral<br>tonic- clonic.<br>II) Generalized onset:<br>- epileptic spasms<br>- tonic    | Recurrent/<br>convulsive and<br>focal motor | Combined focal<br>and generalized | Slow  | Multifocal and diffuse S and<br>SW in awake;<br>alternating pattern in sleep  | Daily                       | CBZ, TPM,<br>LEV, PHT,<br>BDZ                               |
| #4<br>(14y;<br>F)  | 12          | Phe595Leu<br>II   | 1.5y<br>focal onset          | 5y   | Focal onset:<br>- motor/hyperkinetic<br>- focal to bilateral<br>tonic- clonic<br>I) Focal onset:<br>- motor/hyperkinetic<br>- epileptic spasms. | Recurrent/<br>focal motor,<br>RSE           | Focal                             | Slow  | Focal S and SW  | Weekly                      | CBZ, LEV,<br>PB, TPM,<br>PRP, BDZ                           |
| #5<br>(13y; M)     | 11          | Lys601Gnl<br>II   | 1.5y<br>focal onset          | 1.5y   | II) Generalized<br>onset:<br>- myoclonic<br>- epileptic spasms  | Recurrent/<br>focal motor                   | Combined focal<br>and generalized | Slow  | Multifocal S, SW and polySW;<br>diffuse discharges of slow W<br>with superimposed S;<br>bursts of focal fast activity | Weekly/<br>monthly          | PB,<br>CBZ,<br>BDZ  |
| #6<br>(12y;<br>F)  | 7           | Asp638Glu<br>III  | 1day<br>focal onset          | 1.5y   | I) Focal onset :<br>- motor<br>- focal to bilateral<br>tonic- clonic.<br>II) Generalized onset:   | Recurrent/<br>focal motor,<br>RSE           | Combined focal<br>and generalized | Slow, asymmetric                              | Focal and diffuse S, SW   | Weekly /<br>monthly         | VPA, BDZ,<br>LEV, LCM,<br>PHT                               |

*Epilepsy and BRAF mutations: phenotypes, natural history and genotype-phenotype correlations*

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|                    |    |                 |                           |    |  |  |                                   |                  |  |  |  |
|--------------------|----|-----------------|---------------------------|----|--|--|-----------------------------------|------------------|--|--|--|
| #7<br>(7y; F †)    | 6  | Phe595Leu<br>II | 7m<br>focal onset         | 3y | - myoclonic<br>I) Focal onset:<br>- motor/hyperkinetic<br>- focal to bilateral<br>tonic- clonic.<br>II) Generalized onset:<br>-myoclonic | Recurrent/<br>focal motor,<br>RSE                                      | Combined focal<br>and generalized | Slow, asymmetric | Multifocal S, SW and polySW;<br>diffuse discharges of slow W<br>with superimposed S                            | Recurrent RSE<br>followed by<br>exitus | PB, ACTH,<br>CBZ, BDZ,<br>LCS, LEV,<br>RUF, BDZ,<br>VNS. |
| #8<br>(6y; F)      | 6  | Val487Gly<br>I  | 8day<br>focal onset       | 7y | I) Focal onset:<br>- motor/hyperkinetic<br>- focal to bilateral<br>tonic- clonic<br>II) Generalized onset:<br>-myoclonic                 | Recurrent/<br>focal motor  | Focal                             | Slow             | Focal S and SW;<br>diffuse discharges of slow W<br>with superimposed S;<br>bursts of focal fast activity       | Weekly/<br>monthly                     | VPA, BDZ,<br>LCS   |
| #9<br>(5y;<br>M †) | NA | Asp565Glu<br>I  | 4y<br>unknown<br>onset    | no | I) Focal onset:<br>- motor/hyperkinetic<br>- focal to bilateral<br>tonic-clonic.<br>II) Generalized onset:<br>-myoclonic                 | Recurrent/<br>focal motor,<br>RSE                                      | Combined focal<br>and generalized | NA               | NA   | Recurrent RSE<br>followed by<br>exitus | PB, VPA, LEV,<br>PHT                                     |
| #10<br>(3y;M)      | 3  | Pro468Ser<br>II | 1m<br>epileptic<br>spasms | 5y | Focal onset:<br>- motor<br>- focal to bilateral<br>tonic- clonic<br>- epileptic spasms<br>- myoclonic                                    | Recurrent/<br>- febrile and<br>afebrile focal<br>motor;<br>- myoclonic | Focal                             | Slow             | Multifocal and diffuse S and<br>SW in awake;<br>alternating pattern in sleep;<br>bursts of focal fast activity | Daily                                  | VPA, TPM,<br>PB, BDZ                                     |
| <b>Group 2</b>     |    |                 |                           |    |  |  |                                   |                  |  |  |  |
| #11<br>(27y;F)     | 25 | Trp531Cys<br>II | 2y<br>focal onset         | No | Focal onset:<br>- focal to bilateral<br>tonic- clonic.   | No   | Focal                             | Normal           | Focal S and sharp W  | Seizure free                           | LEV  |
| #12<br>(23y;M)     | 10 | Thr241Pro<br>I  | 17y<br>focal onset        | No | Focal onset:<br>- focal to bilateral<br>tonic-clonic.  | No   | Focal                             | Normal           | Focal S and sharp W  | Seizure free                           | LTG  |
| #13<br>(22y;F)     | 20 | Lys499Asn<br>II | 1,6y<br>focal onset       | No | Focal onset:<br>- focal to bilateral<br>tonic- clonic  | No   | Focal                             | Normal           | Giant spindles;<br>fast activity on anterior<br>regions;<br>focal S  | Seizure free                           | PB   |
| #14<br>(20y;M)     | 5  | Lys483Asn<br>II | 18y<br>focal onset        | No | Focal onset :<br>- focal to bilateral<br>tonic-clonic  | No   | Focal                             | Normal           | No   | Seizure free                           | No AED   |
| #15<br>(19y;F)     | 15 | Leu485Phe<br>II | 14y<br>focal onset        | No | Focal onset:<br>- focal to bilateral<br>tonic-clonic   | No   | Focal                             | Normal           | Giant spindles;<br>focal S   | Seizure free                           | VPA  |
| #16<br>(15y;F)     | 10 | Trp531Cys<br>II | 9y<br>myoclonic           | No | I) Focal onset:<br>- focal to bilateral<br>tonic-clonic.<br>II) Generalized onset: -<br>myoclonic  | No   | Combined focal<br>and generalized | Normal           | Focal and diffuse S and SW   | Seizure free                           | VPA  |

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|                    |   |                 |                    |    |  |                                     |                                   |        |  |              |          |
|--------------------|---|-----------------|--------------------|----|--|-------------------------------------|-----------------------------------|--------|--|--------------|----------|
| #17<br>(15y;F)     | 8 | Leu525Pro<br>II | 11y<br>focal onset | No | Focal onset :<br>- focal to bilateral<br>tonic- clonic               | No                                  | Focal                             | Normal | Rare multifocal S  | Seizure free | CBZ      |
| #18<br>(12y;F)     | 2 | Gln257Arg<br>I  | 10y<br>focal onset | No | Focal onset:<br>- motor  | No                                  | Focal                             | Normal | Fast activity;<br>focal S and sharp W                                    | Seizure free | OXC      |
| #19<br>(12y;<br>F) | 4 | Gln257Arg<br>I  | 10y<br>focal onset | No | Focal onset:<br>- motor<br>- focal to bilateral<br>tonic- clonic     | Isolated preAED/<br>focal motor     | Focal                             | Normal | Focal S and sharp W  | Seizure free | VPA, BDZ |
| #20<br>(8y;<br>F)  | 7 | Gln257Arg<br>I  | 6y<br>focal onset  | No | I) Focal onset:<br>- motor.<br>II) Generalized onset:<br>-myoclonic  | Isolated,<br>preAED/<br>focal motor | Combined focal<br>and generalized | Normal | Focal S and sharp W  | Seizure free | CBZ      |
| #21<br>(8y;F)      | 5 | Thr599Arg<br>II | 6y<br>focal onset  | No | I) Focal onset:<br>- motor.<br>II) Generalized onset: -<br>myoclonic | No                                  | Combined focal<br>and generalized | Normal | Focal sharp W  | Seizure free | VPA      |
| #22<br>(4y;F)      | 3 | Gln257Arg<br>I  | 4y<br>myoclonic    | No | Generalized onset:<br>- myoclonic                                    | No                                  | Generalized                       | Normal | Giant spindles; theta<br>rhythmic activity in sleep;<br>diffuse S and SW | Seizure free | No AED   |

y: years; Mut: mutation; sz: seizure; SE: status epilepticus; AEDs: antiepileptic drugs; M: male; m: months; S: spike; SW: spike wave; polySW: poly spike wave; PB phenobarbital; VPA: valproic acid; CBZ: carbamazepine; BDZ: benzodiazepine; LTG: lamotrigine; LEV: leveracetam; TPM: topiramate; ZNS: zonisamide; PHT: phenytoine; RUF: rufinamide; GVG: vigabatrin; OXC: oxcarbazepine; F: female; RSE: refractory status epilepticus; PRP: perampanel; LCM: lacosamide; W: wave; ACTH: synacthen; VNS: vagus nervus stimulator; NA: not available.

†: patient deceased.

**Table S2. Epileptic features of patients with CFCS-causing *BRAF* mutations reported in the literature.**

| Patient<br>(age; sex) | Onset | Group | Epilepsy features  | Mutation | Mutation<br>class | Reference           |
|-----------------------|-------|-------|--|----------|-------------------|---------------------|
| #L1<br>(7y; M)        | 2w    | 1     | Polymorphic seizures (two or more seizure types), drug resistant | L485F    | II                | Yoon et al 2007 [1] |
| #L2<br>(12.1y; F)     | 11y   | 1     | Polymorphic seizures (two or more seizure types), drug resistant | F468S    | II                | Yoon et al 2007 [1] |
| #L4<br>(7.6y; F)      | 6m    | 1     | Polymorphic seizures (two or more seizure types), drug resistant | F595L    | II                | Yoon et al 2007 [1] |

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|                     |       |   |   |           |     |  |
|---------------------|-------|---|---|-----------|-----|--|
| #L5<br>(2.2y; M)    | 4m    | 1 | Polymorphic seizures (two or more seizure types), drug resistant              | L485S     | II  | Yoon et al 2007 [1]                          |
| #L6<br>(14y; F)     | 1y 6m | 1 | Polymorphic seizures (two or more seizure types), drug resistant              | D638E     | III | Yoon et al 2007 [1]                          |
| #L7<br>(20.5y; F)   | 7m    | 1 | Polymorphic seizures (two or more seizure types), drug resistant              | K499N     | II  | Yoon et al 2007 [1]                          |
| #L8<br>(15y; F)     | NA    | 1 | Epileptic abnormalities on EEG, seizures controlled with multidrug therapy    | F468S     | II  | Demir et al 2010 [8]                         |
| #L9<br>(4m; F)      | 2m    | 1 | Epileptic encephalopathy with infantile spasms, drug resistant                | L485S     | II  | Aizaki et al 2011 [6]                        |
| #L10<br>(1y; F)     | 1d    | 1 | Polymorphic seizures (two or more seizure types), drug resistant              | L485S     | II  | Adachi et al 2012 [2]                        |
| #L11<br>(6y; F)     | 4y 4m | 1 | Recurrent epileptic status, drug resistant, psychomotor regression            | Q257R     | I   | Wakusawa et al 2014 [3]                      |
| #L12<br>(1y; F)     | 4m    | 1 | Epileptic encephalopathy with infantile spasms, drug resistant                | P595L     | II  | Hatory et al 2016 [9]                        |
| #L13<br>(2.6y; M)   | 4m    | 1 | Polymorphic seizures (two or more seizure types), early onset, drug resistant | Leu485del | II  | Suzuki-Muromoto et al 2019 [5]               |
| #L14<br>(10.10y; F) | 2y6m  | 2 | Drug responsive epilepsy, treated with only one drug                          | Q257R     | I   | Yoon et al 2007 [1]                          |
| #L15<br>(8y; F)     | 3y    | 2 | Drug responsive epilepsy, treated with only one drug                          | Q257R     | I   | Yoon et al 2007 [1]                          |
| #L16<br>(5.6y; F)   | 3y    | 2 | Drug responsive epilepsy, treated with only one drug                          | T599R     | II  | Yoon et al 2007 [1]                          |
| #L17<br>(7.3y; M)   | 5y    | 2 | Drug responsive epilepsy, treated with only one drug                          | G534R     | II  | Yoon et al 2007 [1]                          |
| #L18<br>(4y; M)     | 4y    | 2 | Febrile seizures, normal EEG  | Q257R     | I   | Papadopoulou 2011 [7] cited by Yoon 2007 [1] |
| #L19<br>(7y; F)     | -     | 3 | No seizures   | E275K     | I   | Sarkozy et al 2009 [4]                       |
| #L20<br>(3m; M)     | -     | 3 | No seizures   | L245F     | I   | Sarkozy et al 2009 [4]                       |
| #L21<br>(1.8y; F)   | -     | 3 | No seizures   | Q257R     | I   | Sarkozy et al 2009 [4]                       |
| #L22<br>(8 m; F)    | -     | 3 | No seizures   | G469E     | II  | Sarkozy et al 2009 [4]                       |
| #L23<br>(7y; F)     | -     | 3 | No seizures   | L485F     | II  | Sarkozy et al 2009 [4]                       |
| #L24<br>(5.3y; M)   | -     | 3 | No seizures   | E501K     | II  | Sarkozy et al 2009 [4]                       |
| #L25<br>(2.3y; F)   | -     | 3 | No seizures   | L525P     | II  | Sarkozy et al 2009 [4]                       |

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|                    |   |   |                         |       |     |                        |
|--------------------|---|---|-------------------------|-------|-----|------------------------|
| #L26<br>(12.3y; F) | - | 3 | No seizures             | Q709R | II  | Sarkozy et al 2009 [4] |
| #L27<br>(2y; M)    | - | 3 | No seizures             | T244P | I   | Gripp et al 2007 [10]  |
| #L28<br>(1y; F)    | - | 3 | No seizures             | Q257R | I   | Gripp et al 2007 [10]  |
| #L29<br>(1y; M)    | - | 3 | No seizures             | Q257R | I   | Gripp et al 2007 [10]  |
| #L30<br>(3y; M)    | - | 3 | No seizures             | L525P | II  | Gripp et al 2007 [10]  |
| #L31<br>(2y; M)    | - | 3 | No seizures             | D565E | II  | Gripp et al 2007 [10]  |
| #L32<br>(6y; F)    | - | 3 | No seizures, normal EEG | E501K | II  | Demir et al 2010 [8]   |
| #L33<br>(3y; F)    | - | 3 | No seizures             | D638E | III | Demir et al 2010 [8]   |

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M: male; F: female; w: week; y: year; m: months.

### References:

1. Yoon G, Blaser J, Rauen KA. Neurological complications of cardio-facio-cutaneous syndrome, *Development Medicine & Child Neurology*. **2007**; 49:894-9.
2. Adachi M, Abe Y, Aoki Y, Matsubara Y. Epilepsy in RAS/MAPK syndrome: two cases of cardio-facio-cutaneous syndrome with epileptic encephalopathy and a literature review. *Seizures*. **2012**; 21:55-60.
3. Wakusawa K, Kobayashi S, Abe Y, Tanaka S, Endo W, Inui T, et al. A girl with Cardio-facio-cutaneous syndrome complicated with status epilepticus and acute encephalopathy. *Brain Dev*. **2014**; 36:61-3.
4. Sarkozy A, Carta C, Moretti S, Zampino G, Digilio MC, Pantaleoni F et al. Germline BRAF mutations in Noonan, LEOPARD, and cardiofaciocutaneous syndromes: molecular diversity and associated phenotypic spectrum. *Hum Mutat*. **2009**; 30:695-702.
5. Suzuki-Muromoto, S.; Miyabayashi, T.; Nagai, K.; Yamamura-Suzuki, S.; Anzai, M.; Takezawa, Y.; Sato, R.; Okubo, Y.; Endo, W.; Inui, T. Leucine-485 deletion variant of BRAF may exhibit the severe end of the clinical spectrum of CFC syndrome. *J. Hum. Genet*. **2019**, *64*, 499–504.
6. Aizaki, K.; Sugai, K.; Saito, Y.; Nakagawa, E.; Sasaki, M.; Aoki, Y.; Matsubara, Y. Cardio-facio-cutaneous syndrome with spasms and delayed myelination. *Brain Dev*. **2011**, *33*, 166–169.
7. Papadopoulou, E.; Sifakis, S.; Sol-Church, K.; Klein-Zigheboim, E.; Stabley, D.L.; Raissaki, M.; Gripp, K.W.; Kalmanti, M. CNS imaging is a key diagnostic tool in the evaluation of patients with CFC syndrome: Two cases and literature review. *Am. J. Med. Genet. A* **2011**, *155*, 605–611.
8. Demir E, Mancano G, Pomponi MG, Ozcelik A, Gucuyener K, Neri G. Cardio-facio-cutaneous syndrome: phenotypic variability and differential diagnosis in 3 cases with de novo BRAF mutations. *Neuropediatrics*. **2010**; 41:127-31.
9. Hatori T, Sugiyama Y, Yamashita S, Hirakubo Y, Nonaka K, Ichihashi K. Vigabatrin Therapy for Infantile Spasms in a Case of Cardiofaciocutaneous Syndrome with Cardiac Hypertrophy Developing during Adrenocorticotrophic Hormone Treatment. *J Nippon Med Sch*. **2016**; 83: 167-71.

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10. Gripp KW, Lin AE, Nicholson L, Allen W, Cramer A, Jones K et al. Further delineation of the phenotype resulting from BRAF or MEK1 germline mutations helps differentiate cardio-facio-cutaneous syndrome from Costello syndrome. *Am J Med Genet A*. **2007**; 143A:1472-80.