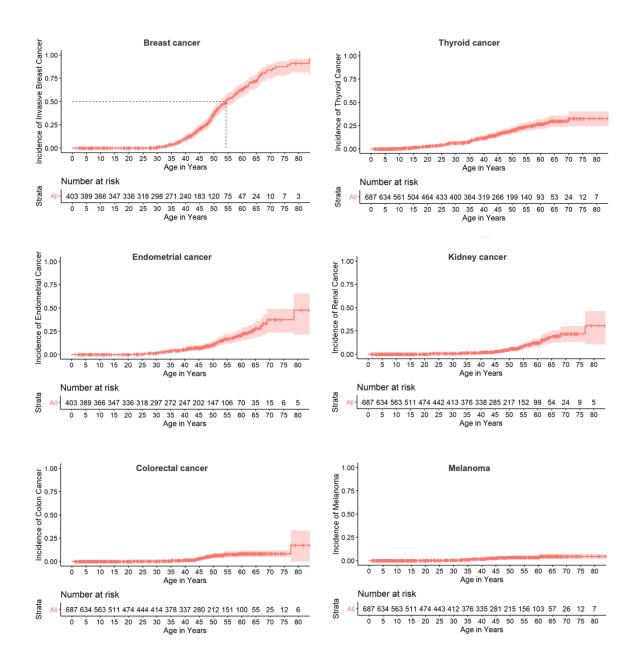
Supplemental Online Content

Yehia L, Plitt G, Tushar AM, et al. Longitudinal analysis of cancer risk in children and adults with germline *PTEN* variants. *JAMA Netw Open.* 2023;6(4):e239705. doi:10.1001/jamanetworkopen.2023.9705

- eFigure 1. Lifetime Cancer Risks in Patients with PTEN Hamartoma Tumor Syndrome
- **eFigure 2.** Time for the Development of Second Primary Malignant Neoplasms in Patients With *PTEN* Hamartoma Tumor Syndrome
- eFigure 3. Lifetime Risks of All Cancers According to PTEN Variant Status
- eFigure 4. Lifetime Risks of PHTS Component Cancers According to PTEN Variant Tier
- **eFigure 5.** Elevated Lifetime Risks of Organ-Specific Cancers in Patients With Truncating *PTEN* Variants
- **eFigure 6.** Lower Lifetime Risks of Organ-Specific Cancers in Patients With *PTEN* Promoter Variants
- eTable. Regression Models of Cancer Risks by NDD Status After Accounting for Biological Sex

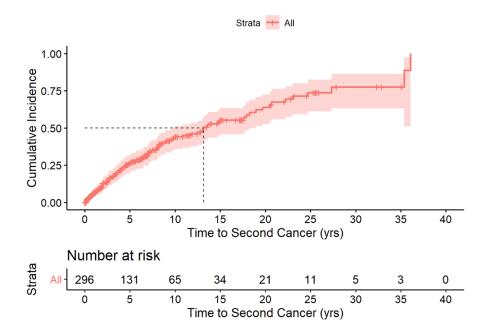
This supplemental material has been provided by the authors to give readers additional information about their work.

eFigure 1. Lifetime Cancer Risks in Patients with PTEN Hamartoma Tumor Syndrome



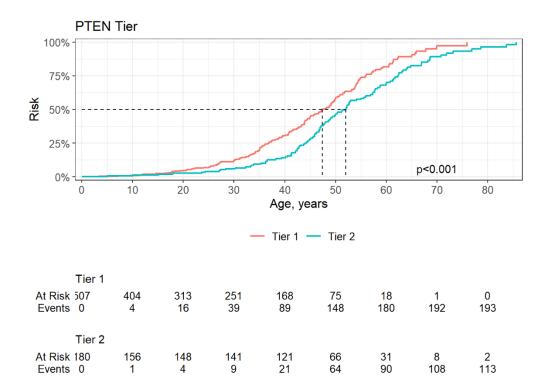
Age-related penetrance curves for female breast cancer, thyroid cancer, endometrial cancer, kidney cancer, colorectal cancer, and melanoma. The highest age-related penetrance is observed in female breast cancer, with an estimated 91% lifetime risk.

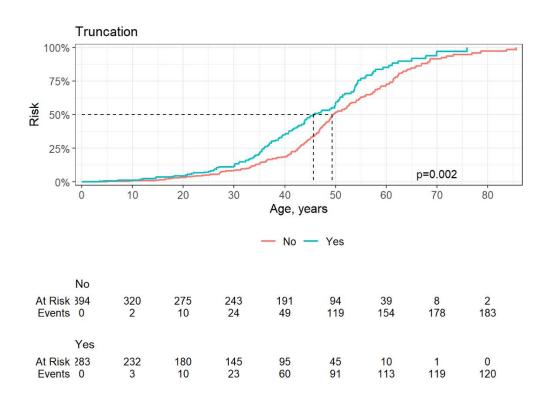
eFigure 2. Time for the Development of Second Primary Malignant Neoplasms in Patients With *PTEN* Hamartoma Tumor Syndrome

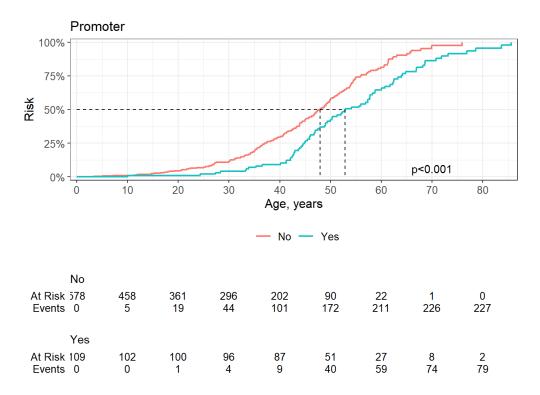


Of the 341 individuals with PHTS and cancer, 144 developed at least one more malignant neoplasm at final follow-up. The median interval between primary cancers and second cancers was 13.2 years (95% CI 9.7 - 18.9 years). The x-axis represents the time from first cancers to second cancers in years.

eFigure 3. Lifetime Risks of All Cancers According to PTEN Variant Status

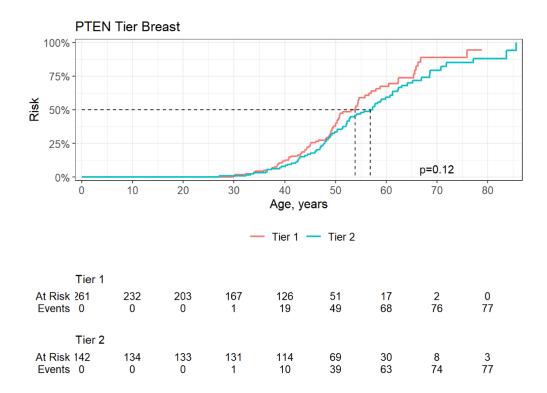


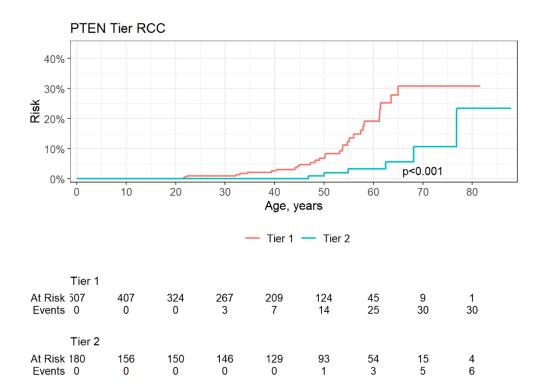


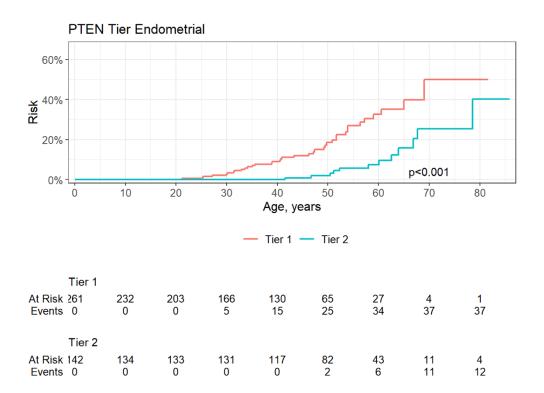


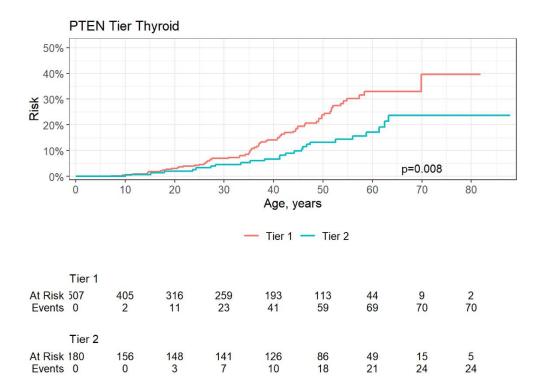
Higher lifetime risks of developing any cancer were found to be associated with Tier 1 PTEN variants (P<0.001), including truncating PTEN variants (P=0.002), whereas lower lifetime risks of any cancer were associated with PTEN promoter variants (P<0.001).

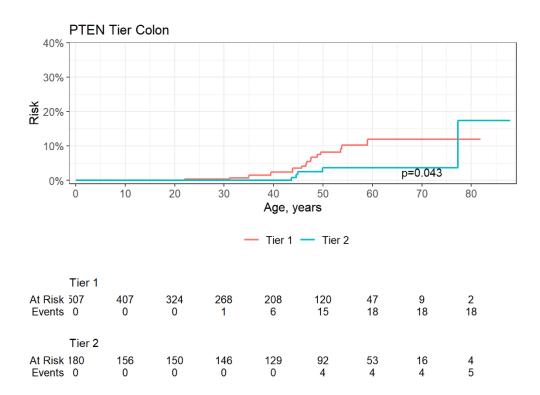
eFigure 4: Lifetime Risks of PHTS Component Cancers According to PTEN Variant Tier

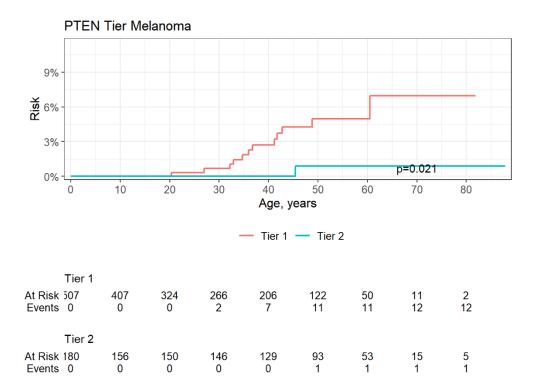






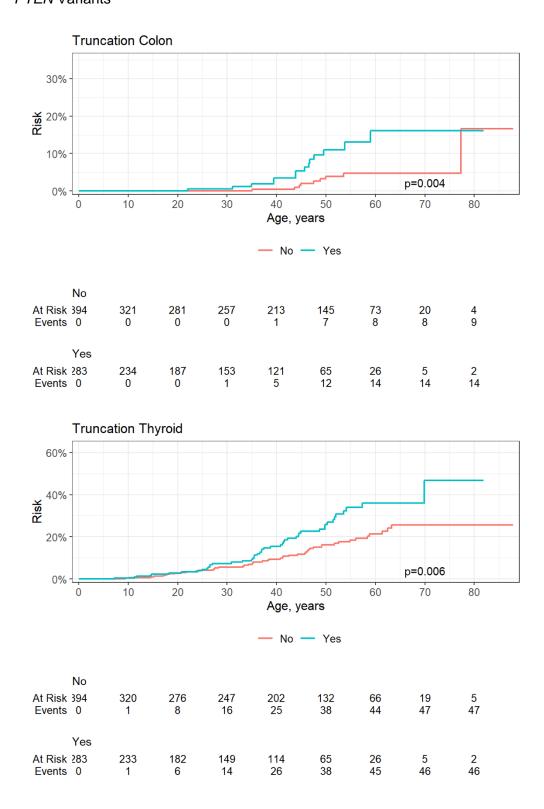


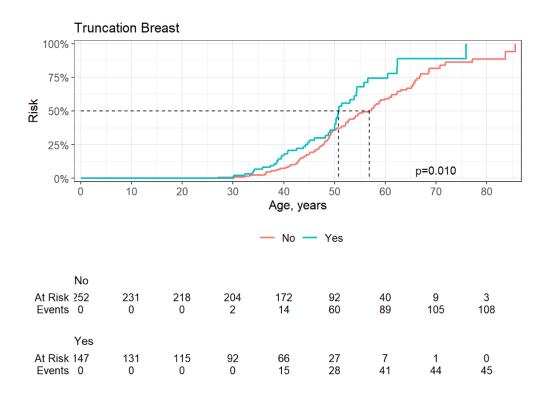


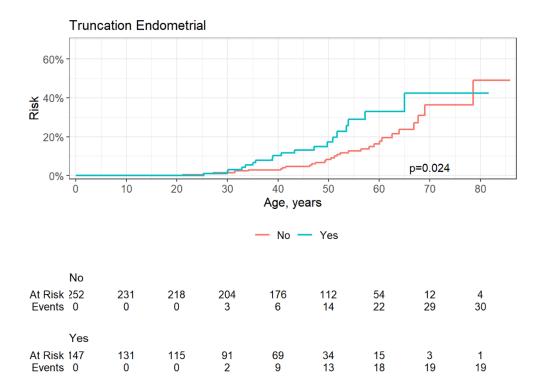


Red curves depict patients with Tier 1 *PTEN* variants, while the blue curves depict patients with Tier 2 *PTEN* variants.

eFigure 5. Elevated Lifetime Risks of Organ-Specific Cancers in Patients With Truncating *PTEN* Variants

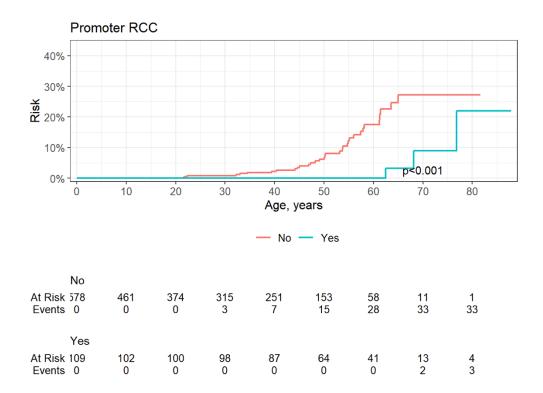


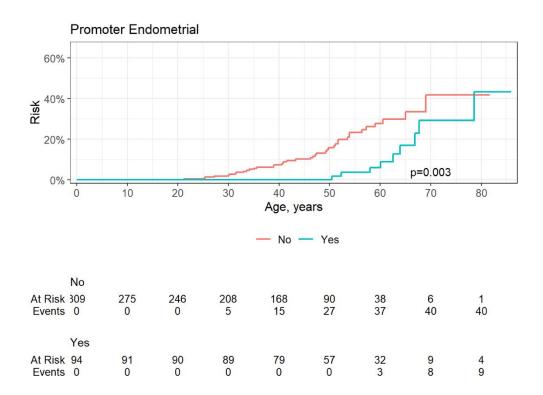


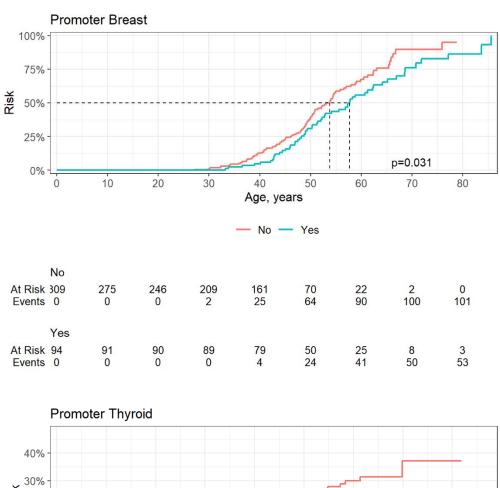


Red curves depict patients without truncating *PTEN* variants, while the blue curves depict patients with truncating *PTEN* variants.

eFigure 6. Lower Lifetime Risks of Organ-Specific Cancers in Patients With *PTEN* Promoter Variants







Prom	oter Thy	roid							
40% -									
30%					200	_,			
<u>x</u> 20%				مسر	هم ممسم				
10% -					.ee				
0%							p=0.046		
0	10	20	30	Age, y	50 ears	60	70	80	
				— No	— Yes				
No									
At Risk 578 Events 0	459 2	364 13	304 26	232 45	140 64	55 75	11 77	2 77	
Yes									
At Risk 109 Events 0	102 0	100 1	96 4	87 6	59 13	38 15	13 17	5 17	

Red curves depict patients without *PTEN* promoter variants, while the blue curves depict patients with *PTEN* promoter variants.

eTable. Regression Models of Cancer Risks by NDD Status After Accounting for Biological Sex

	Univariable					Multivariable			
Characteristic	N	Event N	HR ¹	95% CI ¹	p-value	HR ¹	95% CI ¹	p-value	
NDD	686	307						<0.001	
No			_	_		_	_		
Yes			2.34	1.48, 3.70	<0.001	2.68	1.70, 4.24		
Sex	686	307						<0.001	
Female			_	_		_	_		
Male			0.57	0.43, 0.76	<0.001	0.54	0.40, 0.72		