### Supplementary Material

# The genetic spectrum of febrile infection-related epilepsy syndrome (FIRES) and refractory status epilepticus

### **Overview of Supplementary Material**

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### Supplementary Table 1. Individuals excluded from FIRES subgroup (n=34)

Diagnoses for individuals excluded from the FIRES cohort	Individuals	Reason for exclusion
Acute necrotizing encephalitis of unknown etiology	1	No fever prodrome, history of seizure 2 weeks prior
GEFS+	1	History of prior seizures
Angelman's syndrome	1	History of prior seizures
SCN2A	1	History of neonatal seizures, epilepsy
Acute necrotizing encephalitis with HHV6 virus, <i>RANBP2</i>	1	Did not have seizures
SCNIA	1	History of prior seizures
PCDH19	1	pre-existing history of seizures, prior to status presentation
Idiopathic epilepsy	4	History of prior seizures, did not have RSE
Pyruvate Carboxylase deficiency	1	Metabolic disorder
Hypoxic Ischemic Encephalopathy	2	Acquired acute symptomatic seizures
Epilepsia partialis continua	1	History of prior seizures
LIG3 mitochondrial encephalopathy	1	Did not have RSE
MOG encephalitis	1	Did not have seizures
Febrile status epilepticus	1	Fevers at onset of status epilepticus
MELAS	1	Long standing illness, prior seizures
CACNAIA	1	Febrile with seizure onset
FIRES	8	Remote history in another country lacking documentation
		One patient with +GAD antibodies, another with history of HSV encephalitis
NORSE*	6	Remote history in another country/lacking documentation

\* See Supplementary Table 2 for individuals excluded with NORSE.

#### Findings Individual with Sufficient documentation for NORSE chart review 1 PCDH19, recent vaccination for flu; No; consultation without outside NORSE records No; remote history in outside 2 NORSE country without documentation No; Telephone consult at CHOP 3 NORSE without outside records NORSE/MOG encephalitis 4 Yes Yes 5 NORSE 6 NORSE Yes

### Supplementary Table 2. Individuals excluded from FIRES subgroup with NORSE (n=6)

There were 3 individuals with NORSE with sufficient clinical information, therefore further analyses and clinical data on NORSE were excluded from this study.

# Supplementary Table 3. Genetic testing in our cohort of 25 individuals with FIRES

Participant	Year diagnosed with FIRES (age, years)	Single Gene	Karyotype	SNP Microarray	Epilepsy Gene Panel	Exome	Mitochondrial	Other
1	2010							
	(7.35 years)							
2	2012							
	(5.06 years)							
3	2012			Normal result				
	(7.81 years)							
4	2013	SCN1A sequencing			• $GAMT$ , c.581T>C p (V194A) heterozygous			
	(11.9 years)	report N/A for review			inheritance unknown, VOUS			
5	2013			Normal result	• NRXN1, c.2627C>T			
	(9.21 years)				inheritance unknown, VOUS			
					• <i>ZEB2</i> , c.808-4A>G p.?			
					unknown, VOUS			
6	2013 (18.7 years)		Normal result	Normal result				
7	2013	TWIST sequencing:	Normal result		Negative			
	(10.8 years)	Negative	lobult					
8	2014					• SCN5A, c.5477G>A	• <i>HSPD1</i> , c.425G>A	Maturity Onset Diabetes
	(0.63 years)					heterozygous,	heterozygous, VOUS	Panel:
						inheritance unknown, pathogenic	• <i>DARS2</i> , c.228-20dupT, IVS2-	• <i>BLK</i> , c.26C>T p.(P9L), heterozygous, inheritance
							heterozygous, VOUS	unknown, VOUS
								WES reanalysis: no additional variants
9	2014	SCN1A		Normal result		• <i>ITPR1</i> , c.187A>G	Negative	
	(6.52 years)	Negative				heterozygous, de novo,		
						• <i>BTD</i> , c.1330G>C		

						<ul> <li>p.(D444H),</li> <li>heterozygous,</li> <li>maternally inherited</li> <li>pathogenic</li> <li><i>CFTR</i>,</li> <li>c.1521_1523delCTT</li> <li>p.(F508del),</li> <li>heterozygous,</li> <li>maternally inherited,</li> <li>pathogenic</li> <li><i>COL18A1</i>,</li> <li>c.2824_2840delGGCC</li> <li>CCCCAGGCCCCCC,</li> <li>heterozygous,</li> <li>inheritance unknown,</li> <li>pathogenic</li> <li><i>POLRIC</i>, c.796delG</li> <li>heterozygous,</li> <li>paternally inherited,</li> <li>pathogenic</li> </ul>		
10	2014 (3.39 years)			Normal result	• <i>PNKP</i> , c.1123G>T p.(G375W), heterozygous, inheritance unknown, likely pathogenic	Duo reanalysis • <i>CPA6</i> , c.919G>A p.(A307T), heterozygous, inheritance unknown, VOUS • <i>PNKP</i> , c.1123G>T p.(G375W), heterozygous, inheritance unknown, pathogenic	Negative	
11	2014 (8.47 years)	<i>POLG</i> sequencing: Negative	Normal result	Normal result	N/A for review			
12	2016 (4.96 years)				• <i>CNTN2</i> , c.2735C>T p.(P912L), heterozygous, inheritance unknown, VOUS			Humoral Dysfunction Panel: • <i>LRBA</i> , c.6695T>C p.(I2232T), heterozygous, inheritance unknown, VOUS
13	2016 (12.38 years)				Negative	N/A for review		

14	2016 (8.07 years)		Normal result		Negative	Negative	• MT-TK m.8342 G>A p.? approximately 3% heteroplasmy, likely pathogenic variant (extracted from brain tissue, approximately 4% heteroplasmy in the blood)	
15	2017 (2.39 years)	<i>CPT2</i> sequencing: Negative		Normal result	Negative	• <i>CPA6</i> , c.932G>A p.(R311Q), heterozygous, maternally inherited, VOUS	Negative	
16	2018 (5.95 years)		Normal result			Negative	• <i>MT-ND5</i> m.13154T>C p.(I273T), approximately 16%, maternally inherited, VOUS	
17	2018 (2.79 years)				Negative	Negative	<ul> <li><i>ADCK4</i>, c.1336G&gt;C</li> <li>p.(G446R), heterozygous, inheritance unknown, VOUS</li> <li><i>MRPS22</i>, c.766C&gt;T</li> <li>p.(R256C), heterozygous, inheritance unknown, VOUS</li> <li><i>TYMP</i>, c.1207G&gt;A</li> <li>p.(G403L), heterozygous, inheritance unknown, VOUS</li> </ul>	WES Reanalysis: negative
18	2018 (6.61 years)	SCN1A sequencing: N/A for review POLG - sequencing:			• <i>PNPO</i> , c.527C>G p.(S176C), heterozygous, VOUS			

		N/A for						
19	2019 (7.25 years)	HLA-B: Negative	Normal result	• 1.49Mb interstitial duplication within chromosome Xq23, inheritance unknown, VOUS		<ul> <li><i>GRIN2D</i>, c.250G&gt;C p.(V84L), heterozygous, maternally inherited, VOUS</li> <li><i>SPTBN5</i>, c.2366G&gt;A p.(R789G), heterozygous, maternally inherited, VOUS</li> <li><i>SPTBN5</i>, c.749G&gt;T p.(G250V), heterozygous, paternally inherited, VOUS</li> </ul>		Fragile X: Negative
20	2019 (2.59 years)			Normal result	• <i>JMJD1C</i> c.3933T>C (silent mutation), het, VOUS			
21	2019 (9.84 years)					• ATP1A3, c. 719T>C p.(V240A), heterozygous, paternally inherited, VOUS	Negative	
22	2020 (17.0 years)				N/A for review	<ul> <li><i>ADAM17</i>, c.1894G&gt;A p.(V632I), heterozygous, inheritance unknown, VOUS</li> <li><i>ADAM17</i>, c.178C&gt;A p.(L60I), heterozygous, inheritance unknown, VOUS</li> <li><i>CR2</i>, c.2518C&gt;G p.(R840G), heterozygous, inheritance unknown, VOUS</li> <li><i>NTRK1</i>, c.1643G&gt;A p.(R548Q), heterozygous,</li> </ul>	Negative	

						inheritance unknown, VOUS		
23	2020 (6.88 years)		N/A for review		Negative	• <i>LPA</i> , c.2462C>T p.(P821L), heterozygous, paternally inherited, VOUS	Negative	
24	2020 (6.34 years)				<ul> <li><i>DIAPH1</i>, c.2158C&gt;T</li> <li>p.(L720F), heterozygous, paternally inherited, VOUS</li> <li><i>RANBP2</i>, c.1320A&gt;T</li> <li>p.(L450F) heterozygous, maternally inherited, VOUS</li> </ul>	• <i>FLG</i> , c.8911A>T p.(R2971*), heterozygous, paternally inherited, Pathogenic	Negative	
25	2021 (16.7 years)	HBB sequencing: • HBB, c.92+5G>C, Intronic, heterozygou s, inheritance unknown, VOUS HBA1: Negative HBA2: Negative	Normal result	Normal result	<ul> <li><i>CACNA2D2</i>, c.227G&gt;A</li> <li>p.(R76H), heterozygous, inheritance unknown, VOUS</li> <li><i>CNTNAP2</i>, c.14C&gt;T</li> <li>p.(P5L), heterozygous, inheritance unknown, VOUS</li> <li><i>GTPBP3</i>, c.1255G&gt;A</li> <li>p.(G419S), heterozygous, inheritance unknown, VOUS</li> <li><i>PACS2</i>, c.2597T&gt;C</li> <li>p.(V866A), heterozygous, inheritance unknown, VOUS</li> <li><i>PEX10</i>, c.845T&gt;G p.</li> <li>(L282W), heterozygous, inheritance unknown, VOUS</li> <li><i>RELN</i>, c.576A&gt;G (Silent), heterozygous, inheritance unknown, VOUS</li> </ul>	• <i>DUOX2</i> c.2895_2898del p.(F966Sfs*29), heterozygous, inheritance unknown, Likely Pathogenic • <i>SLC9A7</i> , c.1985T>C p.(L662P), hemizygous, maternal inheritance, VOUS		

Case	Age	Clinical presentation	Gene and variant	Outcome
	(Sex)			
1	23m	Refractory focal status epilepticus in the setting	CACNA1A	Well-controlled epilepsy
	(F)	of metapneumovirus	p.Leu618Ser	and mild developmental
				delay
2	4m	Focal status epilepticus that was initially	CACNAIA	Refractory epilepsy,
	(M)	responsive to one dose of lorazepam, however	p.Val1396Met	moderate global
		within a couple nours his seizures recurred,		developmental delay,
		requiring escalating doses of incurcation		hemiplegic migraine
2	11	Turing have from an an in our governte Deth	DANDDO	I lala sam
3	(F)	I wins born from consanguinous parents. Both	KANBP2	Unknown
	(1)	the setting of a febrile illness. Both had acute	p.Asp2631Ala	
4	7m	brain injury with restricted diffusion and signal	RANBP2	Developmental delay
	(F)	abnormalities in the brainstem and deep gray	p.Asp2631Ala	
		regions in the brain consistent with acute	r r r	
		necrotizing encephalitis		
5	4m	Refractory clinical SE. Received several doses	KCNA2	Neurotypical at last
	(F)	of anti-seizure medications, then was found to	p.Pro405Leu	follow-up at 7m
		be in subclinical status epilepticus upon	1	
		initiating EEG		
6	6m	RSE in the setting of fever after vaccine	PCDH19	Unknown
	(F)	administration	p.Thr404Ile	

# Supplementary Table 4. Individuals with RSE identified from CHOP cohort