

Supplemental Table 1. The list of targeted 23 genes, coding base pair numbers and coverage ratios

Gene	Transcripts Reference Sequence	Base pair numbers of coding regions	Percentage of covered (@20x) coding base pairs		
			Patient 4	Patient 8	Other 46 patients
<i>DUOX1</i>	NM_175940.2	4656	98.45	97.64	100
<i>DUOX2</i>	NM_014080.4	4647	97.93	96.82	100
<i>DUOXA2</i>	NM_207581.4	963	100	100	100
<i>FOXE1</i>	NM_004473.4	1122	100	100	100
<i>GLIS3</i>	NM_152629.3	2793	100	100	100
<i>GNAS</i>	NM_080425.3	3114	100	100	100
<i>IGSF1</i>	NM_001555.4	4026	100	100	100
<i>IYD</i>	NM_203395.2	982	99.29	100	100
<i>NKX2-1</i>	NM_001079668.3	1206	97.35	96.43	100
<i>NKX2-5</i>	NM_004387.4	975	100	100	100
<i>PAX8</i>	NM_003466.4	1353	100	100	100
<i>SECISBP2</i>	NM_024077.4	2565	99.81	100	100
<i>SLC16A2</i>	NM_006517.4	1620	100	100	100
<i>SLC26A4</i>	NM_000441.2	2343	99.91	100	100
<i>SLC5A5</i>	NM_000453.3	1932	100	100	100
<i>TG</i>	NM_003235.5	8307	100	100	100
<i>THRA</i>	NM_003250.5	1596	100	100	100
<i>THRB</i>	NM_000461.4	1386	100	100	100
<i>TPO</i>	NM_000547.5	2802	100	100	100
<i>TRH</i>	NM_007117.4	729	100	100	100
<i>TRHR</i>	NM_003301.5	1197	100	100	100
<i>TSHB</i>	NM_000549.4	417	100	100	100
<i>TSHR</i>	NM_000369.3	2295	97.56	98.95	100
Total		53 026	99.994	99.993	100
Mean coverage			41	55	270

Supplemental Table 2. Clinical characteristics of the patients and detailed information of variants identified from the reclassified cohort

No.	Clinical characteristics									Detailed information and classification of variants									Final status
	Age (day)	Dx.	Sex	Consanguinity	Family History	TSH mU/l Ref.*	FT4 ng/dl Ref.*	Tg ng/ml Ref.*	Thyroid Morphology (US / Scan)	Gene	Inheritance	cDNA change	Amino acid change	ExAC/ GnomAD MAF	Zygoty	HGMD Class	ACMG Class	<i>In silico</i> prediction	
Permanent Congenital Hypothyroidism																			
#9	2604	C	F	Yes	No	84.6	0.426	<0.04	US: Goiter	<i>TG</i>	R	c.961C>T	R321*	0.000008	Hom	Known	LP	Pathogenic	Solved
#25	18	NS	M	No	No	>170	0.12	<0.04	US/Scan: Normal	<i>TG</i>	R	c.2744_2748del	P915Qfs*10	NA	Het	Novel	LP	NA**	Ambiguous
#32	240	NS	M	No	Yes	9.5	0.98	1.32	Scan: Normal	<i>TG</i>	R	c.3149G>T	W1050L	0.000592	Het	Known	VUS	Pathogenic	Ambiguous
#44	43	NS	F	No	No	>100	0.54	4.4	Scan: Normal	<i>TG</i>	R	c.3217+1G>A	-	NA	Het	Novel	P	Pathogenic	Ambiguous
#2	7	NS	F	Yes	Yes	>100	0.007	0.06	US: Goiter	<i>TG</i>	R	c.4528+1G>A	-	NA	Hom	Known	P	Pathogenic	Solved
#43	13	NS	M	Yes	No	>100	0.02	<0.04	US: Goiter	<i>TG</i>	R	c.4528+1G>A	-	NA	Hom	Known	P	Pathogenic	Solved
#30	19	NS	M	No	No	58.3	0.887	165	US: Normal	<i>TG</i>	R	c.638+5G>A	P161Ffs5*	0.000025	Het	Known	VUS	Pathogenic	Ambiguous
										<i>DUOX2</i>	R, D	c.1300C>T	R434*	0.000091	Het	Known	P	Pathogenic	
#34	21	NS	M	No	No	>100	<0.40	4.96	Scan: Normal	<i>TG</i>	R	c.638+5G>A	P161Ffs5*	0.000025	Het	Known	VUS	Pathogenic	Ambiguous
										<i>SLC26A4</i>	R	c.1031G>A	S344N	0.000008	Het	Novel	VUS	Benign	
#41	22	NS	M	Yes	No	>100	0.23	<0.04	US: Goiter	<i>TG</i>	R	c.2103dupA	E702Rfs*6	NA	Hom	Novel	LP	NA**	Solved
										<i>IYD</i>	R, D	c.679G>T	A227S	0.000025	Het	Novel	VUS	Pathogenic	
#27	11	NS	M	No	No	>100	0.023	334.4	US/Scan: Normal	<i>TPO</i>	R	c.265C>T	R89*	0.000008	Het	Known	P	Pathogenic	Solved
										<i>TPO</i>	R	c.1477G>A	G493S	0.000074	Het	Known	P	Pathogenic	
#20	6	NS	M	Yes	No	>100	0.237	461.9	US: Goiter	<i>TPO</i>	R	c.1618C>T	R540*	0.000012	Hom	Known	P	Pathogenic	Solved
#37	26	NS	F	Yes	No	52.2	1.05	17.3	US: Normal	<i>TSHR</i>	R, D	c.326G>A	R109Q	0.000016	Hom	Known	VUS	Pathogenic	Solved
#33	16	NS	M	Yes	Yes	>100	0.6	7.42	Scan: Normal	<i>TSHR</i>	R	c.1422C>A	D474E	0.000008	Hom	Known	P	Pathogenic	Solved
#23	4006	C	M	Yes	Yes	>100	0.59	3.67	US: Hypoplasia	<i>TSHR</i>	R	c.1422C>A	D474E	0.000008	Hom	Known	P	Pathogenic	Solved
										<i>FOXE1</i>	R	c.689G>T	R230L	0.000024	Het	Novel	VUS	Benign	
										<i>TG</i>	R	c.8006A>G	N2669S	0.000008	Het	Novel	VUS	Pathogenic	
#29	20	NS	M	Yes	No	>100	0.43	3.17	US: Hypoplasia	<i>TSHR</i>	R, D	c.1582C>T	R528C	0.000008	Hom	Known	P	Pathogenic	Solved
										<i>DUOX2</i>	R, D	c.2056C>T	Q686*	0.0000039	Het	Known	P	Pathogenic	
#48	137	NS	M	No	No	>100	1.04	4.08	US/Scan: Hypoplasia	<i>PAX8</i>	D	c.91C>T	R31C	0.000008	Het	Known	LP	Pathogenic	Solved
#13	27	NS	F	No	No	>100	0.279	17.2	US/Scan:	<i>PAX8</i>	D	c.251_265del	A84-V88del	NA	Het	Novel	LP	NA**	Solved

#24	16	NS	F	No	No	182.4	0.69	>300	US: Normal	-	-	-	-	-	-	-	-	-	Unsolved
#26	9	NS	M	Yes	No	53.88	0.96	340.5	US: Normal	-	-	-	-	-	-	-	-	-	Unsolved
#28	14	NS	M	No	No	75	1.55	>300	US: Normal	-	-	-	-	-	-	-	-	-	Unsolved
#36	8	NS	F	No	No	>100	0.52	>300	Scan: Normal	-	-	-	-	-	-	-	-	-	Unsolved
#38	7	NS	F	No	No	55.39	1.09	172.3	US/Scan: Normal	-	-	-	-	-	-	-	-	-	Unsolved
#42	11	NS	M	Yes	No	42.6	1.23	119.4	US/Scan: Normal	-	-	-	-	-	-	-	-	-	Unsolved

Bold character indicates the patients reassessed after genetic testing.

* Reference ranges for TSH, FT4 and Tg according to age groups are presented below.

** NA in the column of *in silico* prediction means that there is no data in any of 30 prediction algorithms presented in supplemental method in next page.

ACMG: American College of Medical Genetics, ACMG Class: 1, P: Pathogenic; 2, LP: Likely Pathogenic; 3, VUS: variant of unknown significance;

C: Clinical presentation, D: Autosomal dominant, Dx: Diagnosis, ExAC: Exome Aggregation Consortium, F: Female; FT4: Free thyroxin,

GnomAD: Genome Aggregation Database, Het: Heterozygous, HGMD: Human Genome Mutation Database, Hom: Homozygous, M: Male, MAF: Minor allele frequency,

NA: Not available, NS: Neonatal screening, R: Autosomal recessive, Tg: Thyroglobulin, TSH: Thyroid stimulating hormone, US: Ultrasound, Scan: Scintigraphy

Reference ranges for TSH, FT4 and Tg according to age groups*

Ages	TSH (μ U/ml)	FT4** (ng/dl)	Tg (ng/ml)
Newborns	0.70 – 15.2	0.86 – 2.49	25 – 307
6 day–3 month	0.72 – 11.0	0.89 – 2.20	20 – 228
4–12 month	0.73 – 8.35	0.92 – 1.99	18 – 125
1–6 year	0.70 – 5.97	0.96 – 1.77	9.0 – 67
7–11 year	0.60 – 4.84	0.97 – 1.67	5.1 – 43
12–20 year	0.51 – 4.30	0.98 – 1.68	2.6 – 36
Adult	0.27 – 4.20	0.93 – 1.70	1.4 – 78

* Serum TSH, free T4, and thyroglobulin levels were measured by electrochemiluminescence immunoassay using Elecsys[®] 2010 modular analytics E170. (Roche Diagnostics, GmbH 68298, Mannheim, Germany).

** To convert free T4 values to Système Internationale (SI) units, multiply by 12.87 (to pmol/L).

Supplemental Method

In silico analysis: In this study, we included missense, nonsense, frameshift and splice site variants, which are pathogenic, likely pathogenic and uncertain significance according to ACMG classification, and analyzed their effect on protein structure by *in silico* prediction algorithms. For *in silico* analysis, 30 prediction algorithms were used through the varsome database (<https://www.varsome.com/>), or the relevant websites of the algorithm programs. A pathogenicity score was calculated dividing the number of algorithms reporting the variant as damaging (pathogenic or functional) by the total number of all algorithms reporting the variant as damaging or neutral (benign or non-functional). In this way, a pathogenicity score was obtained ranging from 0 to 1 (0 = all algorithms are benign-neutral, 1 = all algorithms are pathogenic-damaging). Variants determined as deleterious in most of the prediction algorithms (pathogenicity score >0.5) were considered potentially pathogenic, which means supporting of pathogenicity.

The prediction algorithms used in the calculation of pathogenicity scores of the variants are as follows: SIFT,¹ SIFT4G,² Polyphen2-HDIV, Polyphen2-HVAR,³ LRT,⁴ MutationTaster2,⁵ MutationAssessor,⁶ FATHMM, FATHMM-MKL, FATHMM-XF,⁷ MetaSVM, MetaLR,⁸ CADD,⁹ VEST4,¹⁰ PROVEAN,¹¹ Eigen, Eigen-PC,¹² M-CAP,¹³ REVEL¹⁴ MutPred,¹⁵ MVP,¹⁶ MPC,¹⁷ PrimateAI,¹⁸ DEOGEN2,¹⁹ BayesDel_addAF, BayesDel_noAF,²⁰ ClinPred,²¹ LIST-S2,²² ALoFT²³ and LINSIGHT.²⁴

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