Mutations disrupting neuritogenesis genes confer risk for cerebral palsy

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Mutations disrupting neuritogenesis genes confer risk for cerebral palsy

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In addition to commonly associated environmental factors, genomic factors may cause cerebral palsy (CP). We performed whole exome sequencing in 250 parent-offspring trios, and observed enrichment of damaging *de novo* mutations (DNMs) in CP cases. Eight genes had multiple damaging DNMs; of these, two (*TUBA1A* and *CTNNB1*) met genome-wide significance. We identified two novel monogenic etiologies, *FBXO31* and *RHOB,* and showed the *RHOB* mutation enhances active-state Rho effector binding while the *FBXO31* mutation diminishes cyclin D levels. Candidate CP risk genes overlapped with neurodevelopmental disorder genes. Network analyses identified enrichment of Rho GTPase, extracellular matrix, focal adhesion, and cytoskeleton pathways. CP risk genes in enriched pathways were shown to regulate neuromotor function in a Drosophila reverse genetics screen. We estimate that 14% of cases could be attributed to an excess of damaging *de novo* or recessive variants. These findings provide evidence for genetically mediated dysregulation of early neuronal connectivity in CP.

Cerebral palsy (CP) is the cardinal neurodevelopmental disorder impacting motor function, affecting ~2-3 per 1,000 children worldwide[1,2]. Movement disorder (spasticity, dystonia, choreoathetosis, and/or ataxia) onset occurs within the first few years of life as a manifestation of disrupted brain development[3]. Historically, although Little and Osler[4] considered CP to occur largely as a result of perinatal anoxia, Freud disputed this claim[5]. To this day, debate about the origin of CP continues, particularly in individual cases, with widespread medical and legal implications[6,7].

Analogous to other neurodevelopmental disorders (NDD) such as autism spectrum disorders (ASD) and intellectual disability (ID), no single causative factor has been implicated in CP, although several environmental factors, including prematurity, infection, hypoxia-ischemia, and pre- and perinatal stroke, are major contributors to CP risk[8]. However, as many as ~40% of CP cases may not have a readily identifiable etiology[9], defined as cryptogenic or idiopathic CP[10]. Registry-based data has shown that 21-40% of CP cases have an associated congenital anomaly, implicating genomic alterations in many of these cases[11]. A heritability of 40% has been estimated in CP[12], supported by probabilistic modeling of CP etiology in a western Swedish cohort[13], comparable to the heritability of 38-58% estimated for ASD[14,15].

To date, five studies have analyzed genomic copy number variations (CNVs) in CP cases[10,16-19], identifying predicted deleterious CNVs in 10-31% of cases. Three prior whole exome sequencing (WES) studies have been performed in CP cases[20-22]. The largest study to date reported putatively deleterious variants in ~14% of 98 parent-offspring trios with unselected forms of CP[22]. These studies indicate potentially important genetic risks in CP, but insufficient availability of controls limited the statistical inferences that could be made, and functional validation of novel candidate gene variants was not performed. We sought to address these limitations in the current study.

RESULTS

CP cohort characteristics and WES. We performed WES of 250 CP trios, including 91 previously reported[22] and 159 ascertained from centers in the United States, China, and Australia after written informed consent was obtained according to local ethical

requirements (**Methods**). Cases were diagnosed by clinical specialists using international consensus criteria[23] (**Supplementary Table 1** and **Supplementary Data Set 1**); CP was thus defined as a non-progressive developmental disorder of movement and/or posture impairing motor function. Cases experienced symptom onset by age two. This operational definition thus excluded progressive neurological disorders such as neurodegenerative diseases. No cases had known chromosomal anomalies or aneuploidies, clinically or molecularly diagnosed syndromes (i.e. Rett syndrome, Angelman syndrome, etc.), pathogenic microdeletion or microduplication syndromes, mitochondrial disorders, or traumatic brain injuries.

Detailed patient phenotypes are available in the **Supplementary Note**. Representative neuroimaging findings are presented in **Extended Data Figure 1**, and videos highlighting movement disorder phenotypes in representative individuals can be found in **Supplementary Videos** (43 videos available via https://figshare.com/s/a4f914ab77958ab3e4b6) and in **Supplementary Photos** (https://figshare.com/s/0f200402e51de5875390). Within our 250 family cohort, 157 trios (62.8%) were classified as idiopathic (no known cause), 84 cases (33.6%) had a known environmental insult associated with CP (including prematurity defined as < 32 weeks gestation, perinatal hypoxia-ischemia (as defined by treating clinicians), ischemic/hemorrhagic stroke, and/or infection), and the remaining 9 trios (3.6%) were not able to be assigned to either category ("unclassified") (**Supplementary Table 1**).

WES was performed as previously described[24] (see **Supplementary Table 2** for exome metrics). Control trios consisting of 1,789 unaffected siblings of autism cases and their unaffected parents from the Simons Simplex Collection were analyzed in parallel[25]. BWA-MEM was used to align the sequencing reads, and GATK 'Best Practices' was used to call variants[26,27]. MetaSVM[28] and Combined Annotation Dependent Depletion (CADD v1.3)[29] algorithms were used to predict deleteriousness of missense variants ("D-Mis", defined as MetaSVM-deleterious or CADD ≥ 20). Inferred loss of function (LoF) variants consist of stop-gain, stop-loss, frameshift insertions/deletions, canonical splice site, and start-loss. LoF and D-Mis mutations were considered "damaging". *De novo* mutations (DNMs) were called by the TrioDeNovo program[30]. Sanger sequencing was conducted to validate mutations in genes of interest.

Damaging DNMs are significantly enriched in the CP cohort. We began by assessing the contribution of DNMs to CP at a cohort level. The number of observed DNMs in cases and controls closely approximates the Poisson distribution (**Extended Data Fig. 2**), indicating that DNMs are independent probabilistic events. We found an enrichment of damaging DNMs in CP cases, which became more apparent when focusing the analysis on genes intolerant to LoF variation (pLI score ≥ 0.9 in gnomAD v2.1.1[31]) (enrichment = 1.78; $P = 1.2 \times 10^{-5}$ for damaging DNMs; **Table 1**). No significant enrichment of any mutation category was found in controls (**Table 1**). When we considered the ascertainment differential (observed number of damaging DNMs vs. expected number of damaging DNMs, divided by the number of trios in the cohort), 11.9% of CP cases in our cohort could be attributed to an excess of damaging DNMs. When stratifying cases by CP subtype, we found greater enrichment of damaging DNMs in idiopathic (enrichment = 1.98; $P = 2.1 \times 10^{-5}$) compared to environmental cases

(enrichment = 1.28; *P* = 0.19; **Supplementary Table 3**), suggesting that idiopathic cases harbor a higher burden of damaging DNMs.

Recurrent damaging DNMs implicate both known and novel CP genes. We next considered individual genes recurrently implicated in our CP cohort via a *de novo* mechanism (**Supplementary Data Set 2**). We identified eight genes harboring ≥ 2 damaging DNMs, with *TUBA1A* ($P = 4.8 \times 10^{-8}$) and *CTNNB1* ($P = 9.8 \times 10^{-10}$) surpassing Bonferroni correction cutoffs for genome-wide significance (**Table 2** and **Supplementary Table 4**). The gene-level enrichment of protein-damaging DNMs in these genes we observed strongly implicates these genes as *bona fide* CP-associated genes (**Supplementary Table 5**). Among these eight genes, *ATL1*, *CTNNB1*, *SPAST*, and *TUBA1A* have previously been associated with human CP phenotypes[20,22,32]. We also identified identical but independently arising damaging DNMs in two genes, *RHOB* and *FBXO31*.

Identical gain-of-function DNMs in *RHOB* and *FBXO31.* *RHOB*, encoding a Rho GTPase, harbored two identical DNMs (p.Ser73Phe; **Fig. 1a** and **Supplementary Table 4**) in two unrelated spastic-dystonic CP cases, representing an unlikely chance event ($P = 1.6 \times 10^{-3}$) (**Supplementary Note**). Ser73 is predicted to be phosphorylated (0.997 by NetPhos 3.1)[33] and located in a conserved position in the Switch II domain, where Rho protein kinases associate with Rho- and Rac-related proteins (**Fig. 1b**). Comparing structural models of RHOB wild-type and p.Ser73Phe suggests an alteration of both the shape of the binding site and the surface charge of the protein (**Fig. 1b**). Both patients have a remarkably concordant phenotype, including hyperintense T2 white matter signal (periventricular leukomalacia) on MRI, spastic-dystonic diplegia, expressive language disorder, and aortic arch abnormalities (**Fig. 1c**, **Supplementary Table 4**, and **Supplementary Videos F064** and **F244**). RHOB is known to control dendritic spine outgrowth[34] but has not previously been associated with a human disease. Biochemical analyses indicated that this variant shows accentuated responses to both GTPase activating proteins (GAPs) and GDP exchange factors (GEFs) (**Fig. 1d,e**), ultimately leading to enhanced binding in the active state to the Rho effector rhotekin (**Fig. 1f**).

We also identified two unrelated cases with an identical DNM (p.Asp334Asn; **Fig. 2a** and **Supplementary Table 4**) in *FBXO31*, which encodes the F-box only protein 31. An FBXO31/SKP1/Cullin1 complex ubiquitinates targets such as cyclin D to control protein abundance by tagging for proteasomal degradation[35]. Asp334 is a conserved residue within the binding pocket on FBXO31 (**Fig. 2b**), where it is thought to mediate hydrogen bonding to cyclin D1[36]. FBXO31 is known to control axonal outgrowth and is essential for dendrite growth and neuronal migration in the developing brain[37]. FBXO31 p.Asp334Asn affects the cyclin D interaction site[36] (**Fig. 2b**), leading to an apparent gain of function of cyclin D degradation (**Fig. 2c**). A homozygous truncating mutation in *FBXO31* has previously been reported in association with intellectual disability (OMIM# 615979)[38]. Both patients in our cohort exhibited spastic diplegic CP (**Supplementary Table 4** and **Supplementary Videos F218** and **F699**), intellectual disability, expressive language disorder, and ADHD. F218 had gut malrotation and constipation, cleft palate, strabismus, and normal brain morphology on MRI, while F699 had strabismus, severe

constipation, and ventricular dilation with thin corpus callosum on MRI. Therefore, this DNM in *FBXO31* leads to a phenotype distinct from the previously described autosomal recessive truncating mutation-associated nonsyndromic intellectual disability phenotype[38].

DNMs in previously implicated genes *TUBA1A*, *CTNNB1*, *ATL1*, and *SPAST*. *TUBA1A,* encoding the microtubule-related protein α-tubulin*,* harbors three damaging DNMs (p.Arg123Cys, p.Leu152Gln, p.Tyr408Asp; **Supplementary Table 4**) in three unrelated probands, two of whom have been previously reported[22]. Both p.Arg123Cys and p.Leu152Gln map to the tubulin nucleotide binding domain-like, and p.Tyr408Asp maps to the C-terminal stabilization domain[39] (**Extended Data Fig. 3**). *TUBA1A* heterozygous mutations have been described as associated with a spectrum of cortical malformations[40] (OMIM# 611603), and our patients exhibit MRI findings within this spectrum (**Extended Data Fig. 3**). Clinically, our cases demonstrate spasticity in their lower limbs, and 2/3 exhibit concurrent intellectual disability.

CTNNB1, encoding β-catenin, harbors three LoF DNMs (p.Glu54*, p.Phe99PhefsTer5, p.Arg449GlnfsTer24; **Supplementary Table 4**) in three unrelated probands, one of whom was previously reported[21]. p.Glu54* and p.Phe99fs are located in the N-terminal domain and predicted to lead to nonsense-mediated decay, while p.Arg449fs is located in the central armadillo repeat domain, which is essential for the phosphorylation of β-catenin by protein kinase CK2[41] (**Extended Data Fig. 4**). Autosomal dominant germline inactivating mutations in *CTNNB1* have been implicated in exudative vitreoretinopathy 7[42] (OMIM# 617572) and neurodevelopmental disorder with spastic diplegia and visual defects[43-45] (OMIM# 615075). All of our patients exhibited spasticity, intellectual disability, behavior problems and language disorders. We also found dystonia and microcephaly in 2/3 patients. While one patient had possible bilateral frontal pachygyria, brain findings were notably absent from the other patients (**Extended Data Fig. 4**). We found strabismus in 2/3 patients, but no other visual defects.

ATL1 encodes atlastin-1, which is critical for formation of the tubular endoplasmic reticulum network and axon elongation in neurons[46-48]. *ATL1* harbors two damaging DNMs in our cohort (p.Ala350Val, p.Lys406Gln; **Supplementary Table 4**) located in the GBP domain (**Extended Data Fig. 5**). Autosomal dominant germline mutations have been associated with neuropathy type 1D[49] (OMIM# 613708) and spastic paraplegia type 3A[50] (OMIM# 182600). Our patients exhibited spasticity and dystonia with brain findings of T2 hyperintensities and bihemispheric periventricular leukomalacia (**Extended Data Fig. 5**). There was no evidence of phenotypic progression at the time of last follow-up (patient ages 10 years and 29 months).

SPAST, encoding spastin, harbored two damaging DNMs (p.Asp441Gly, p.Ala495Pro; **Supplementary Table 4**). Both mutations occur at conserved positions in the AAA domain, which is essential for the regulation of ATPase activity (**Extended Data Fig. 6**). Autosomal dominant germline mutations in *SPAST* have been linked to spastic paraplegia 4[51] (OMIM# 182601). p.Asp441Gly has been reported in association with hereditary spastic paraplegia (HSP)[52,53]. Our patients exhibited spasticity with one also exhibiting dystonia, with scattered subcortical T2 hyperintensities present in one patient and no brain findings in the other (**Extended Data Fig. 6**). There was no

evidence of phenotypic progression (patient ages 21 years and 40 months, respectively).

DNMs in *DHX32* and *ALK*. *DHX32*, encoding putative pre-mRNA-splicing factor ATP-dependent RNA helicase DHX32, harbored two damaging DNMs (p.Tyr228Cys, p.Ile266Met; **Supplementary Table 4**). p.Tyr228Cys falls within the helicase ATP binding domain, which is required for ATP binding, hydrolysis, and nucleic acid substrate binding[54] (**Extended Data Fig. 7**). Mutations in *DHX32* have not previously been associated with human diseases. Both of our patients exhibited intellectual disability, and one demonstrated spastic diplegia, with the other characterized as a generalized dystonia. Brain findings included periventricular leukomalacia and mildly diminished cerebral volume (**Extended Data Fig. 7**).

ALK, encoding ALK receptor tyrosine kinase, harbored one damaging DNM (p.Ser1081Arg) and one stop-gain DNM (p.Trp1320*) (**Supplementary Table 4**). p.Trp1320* is located in the tyrosine kinase domain[55] and p.Ser1081Arg is located just upstream in the juxtamembrane domain (**Extended Data Fig. 8**). Germline and somatic activating mutations in *ALK* have been previously associated with neuroblastoma[56,57] (OMIM# 613014). One patient exhibited spastic diplegia with mild tremor, scattered subcortical hyperintensities (**Extended Data Fig. 8**), and an atrial septal defect. The other patient had spastic-dystonic diplegia, white matter abnormalities, and epilepsy. There was no evidence of neuroblastoma in either patient.

Enriched recessive genotypes in genes associated with hereditary spastic paraplegia. We performed a one-tailed binomial test coupled with a polynomial model[24] to evaluate the burden of recessive genotypes (RGs) for each gene in our CP cohort (**Supplementary Data Set 3**). We did not observe enrichment of damaging RGs in the cohort meeting genome-wide significance (**Supplementary Table 6**). However, we noted biallelic damaging variants in several genes previously associated with HSP. HSP is clinically distinguished from CP by its progressive, neurodegenerative nature and later (often adult) onset in many cases.

We carefully re-assessed clinical phenotypes of these cases and found no evidence of progression from the time of ascertainment. Interestingly, early-onset with protracted clinical stability has previously been identified as an endophenotype in a subset of patients with mutations in HSP-associated genes[58]. For example, patients with *SPAST* missense mutations (as our cases did) may have onset in toddlerhood with extended clinical stability[59] consistent with a CP phenotype. In contrast, truncating *SPAST* mutations are often translated and accumulate over time, putatively leading to later-onset and a neurodegenerative course[60]. In addition, important roles for SPAST[61] and ATL1[62] in developmental neuritogenesis have been shown, indicating their importance in neuronal development.

We observed six damaging RGs (in *AMPD2*, *AP4M1*, *AP5Z1, FARS2*, *NT5C2*, and *SPG11*; **Supplementary Table 7**) among genes previously associated with recessive HSP (**Supplementary Data Set 4**) (enrichment = 7.74; one-tailed binomial $P = 1.5 \times 10^{-4}$; **Table 3**). By ascertainment differential, ~2.1% of the CP cases in our cohort could thus be accounted for by an excess of RGs. The enrichment of RGs in known HSP-associated genes was predominantly driven by idiopathic cases (idiopathic

enrichment = 9.22; one-tailed binomial $P = 2.4 \times 10^{-4}$ vs. environment enrichment = 4.48; one-tailed binomial $P = 0.20$; **Table 3**).

No gene was enriched for rare X-linked hemizygous variants. Male sex is a risk factor for developing CP[63]. Therefore, we compared rare hemizygous variants (MAF ≤ 5.0×10^{-5}) in 154 male CP probands to male controls in gnomAD. No gene surpassed Bonferroni correction cutoff (**Supplementary Table 8**), suggesting that the current study is statistically underpowered to assess hemizygous burden.

Clinical and genetic overlap of CP with other neurodevelopmental disorders. Clinically, NDDs frequently co-occur. In the case of CP, ~45% of individuals with CP have concurrent ID[64], ~40% also have epilepsy, and ~7% have ASD in addition to CP[1]. Accordingly, we sought to determine the degree of overlap between genes harboring rare damaging variants with *de novo*, X-linked recessive, or autosomal recessive segregation (putative CP risk genes; $n = 439$, **Supplementary Data Sets 6-15**) from our CP cohort with known NDD risk genes. The analysis was performed using the Disease Gene Network, which identifies associations between genes and diseases curated from the literature and databases including ClinVar, ClinGen, and UniProt[65]. We found substantial genetic overlap between our CP candidate gene list and the major NDDs (CP vs. ID, enrichment = 2.0, $P = 2.56 \times 10^{-16}$; CP vs. epilepsy, enrichment = 1.7, $P = 1.6 \times 10^{-4}$; CP vs. ASD, enrichment = 2.0, $P = 1.2 \times 10^{-5}$, hypergeometric two-tailed test) (**Fig. 3a**). In contrast, when we examined overlap with a neurodegenerative disorder, Alzheimer's disease, there was no enrichment (**Fig. 3b**). 28.9% of CP risk genes overlapped with genes linked to ID, 11.1% for epilepsy, and 6.3% for ASD. Our data suggest that CP has significant genetic overlap with other genetic neurodevelopmental disorders, indicating potential genetic pleiotropy and common etiologies of co-occurring NDDs.

Extracellular matrix, cell-matrix focal adhesions, the cytoskeletal network, and Rho GTPase genes are highly associated with CP. We identified a large number of individual genes harboring predicted damaging variants and employed a suite of tools for unbiased discovery of conserved pathways and biological functions relevant to CP. STRING-based clustering[66] of the 439 putative CP risk genes (**Supplementary Data Sets 6-15**) showed greater connectivity than predicted by chance (enrichment = 1.2, $P = 1.51 \times 10^{-4}$) indicating a functional network encompassing damaging variants. We then performed gene over-representation analysis (ORA)[67,68] of these genes using DAVID[69], MSigDB[70] and PANTHER[71] for functional annotation and pathway characterization. This approach indicated statistical over-representation of candidate genes stratified by Gene Ontology (GO), pathways (KEGG/Reactome), and curated functional and expression data to identify meaningful relationships. Consistent with the STRING findings, this approach identified multiple gene sets representing enriched pathways (false discovery rate (FDR) < 0.05) and conserved functions (**Supplementary Data Sets 6-15**).

We noted functionally related findings supported by multiple tools, including non-integrin membrane-extracellular matrix (ECM) interactions and laminin interaction pathways identified by all three algorithms. We then inferred hierarchal associations between ontological terms using dcGO[72] (**Table 4**). Taken together, these findings

indicate an over-representation of genes involved in extracellular matrix biology, cell-matrix interactions (focal adhesions), cytoskeletal dynamics and Rho GTPase function.

Genes from Rho GTPase, cytoskeleton, and cell projection pathways govern neuromotor development in Drosophila. Subsequently, we independently assessed the role for over-represented pathway members in normal locomotor development by conducting a reverse genetic screen in Drosophila. A similar approach has been applied previously in studies of ASD and HSP using Drosophila and zebrafish, respectively[73,74]. We focused on genes with damaging variants from our CP patient cohort with GTPase, cytoskeleton, and cell projection GO terms. We hypothesized that our screen could newly indicate a key role for these genes in neuromotor development.

We selected genes with conserved Drosophila orthologs (DIOPT ≥ 5) that had available molecularly characterized alleles (complete results and genotypes in **Supplementary Table 9**). We utilized hypomorphic/LoF alleles in a biallelic state to help map phenotypes to the gene of interest in Drosophila assays. We excluded genes that would cause confounding phenotypes such as lethality or had a previously described locomotor phenotype, except for *ATL1*, which was included as a positive control. Genes with known roles in brain development or NDDs were prioritized. Two genes with variants that did not meet the filtering criteria for deleteriousness were included as negative controls. Altogether, we screened 22 genes for locomotor ability using turning assays in larvae[75] and negative geotaxis/positive phototaxis assays in adults[76,77].

We found locomotor phenotypes in mutants of gene orthologs encoding regulators of GTPase signal transduction (*AGAP1*, *DOCK11*, *RABEP1*, *SYNGAP1*, *TBC1D17*), the cytoskeleton (*MKL1*, *MPP1*), and cell projection (*PTK2B*, *SEMA4A*, *TENM1*) pathways (**Fig. 4**). When assays were conducted in both larvae and adults, we often found locomotor phenotypes at both timepoints, suggesting that defects arose in the developmental period and persisted throughout the lifespan (**Supplementary Table 9**). Of potential interest, we found evidence for sexual dimorphism as male flies with mutations in orthologs of *AKT3*, *RABEP1*, or *PRICKLE1/2* exhibited locomotor deficits while females did not.

In total, we found 71% (10/14) genes from our enriched pathways exhibited a locomotor phenotype in Drosophila (**Fig. 4** and **Extended Data Fig. 9**). In comparison, genome-wide, only 3.1% of annotated Drosophila genes are known to lead to a locomotor phenotype[78] (enrichment = 23.4, $P = 2.2 \times 10^{-16}$; **Fig. 4**). Overall, our Drosophila studies supported a role for candidate CP genes in the cytoskeletal, Rho GTPase, and cell projection pathways in motor development.

DISCUSSION

In the past, damaging genomic variants have not been considered to be a major contributor to CP, but our findings and those of others challenge this dogma. Prior studies suggested that both CNVs and single nucleotide variants contribute to CP[10,16-22]. Here we expand upon those earlier findings and provide robust statistical evidence at a cohort level that rare, damaging single nucleotide variants represent an independent

risk factor for CP. The cohort-wide enrichment of DNMs we detected is consistent with the observation that most cases of CP occur sporadically[79]. Using the distribution of LoF-intolerant genes with multiple damaging DNMs in this cohort, we estimated the number of genes that contribute to CP through a *de novo* mechanism to be 75 (95% confidence interval = (26.5, 123.5)) (**Extended Data Fig. 10a** and **Supplementary Note**). Saturation analysis estimates that WES of 2,500 and 7,500 CP trios will yield 65.3% and 91.8% saturation, respectively, for CP risk genes with DNMs, suggesting a high yield for CP gene discovery as additional samples are sequenced (**Extended Data Fig. 10b**). Accordingly, the International Cerebral Palsy Genomics Consortium (ICPGC; www.icpgc.org) was recently founded to address the need for international data sharing and collaboration to advance the pace of discovery[80]. Conservatively, we estimate that 14% of the cases in our cohort can be accounted for by damaging genomic variants (based on ascertainment differentials of 11.9% for DNMs and ~2% for RGs). In comparison, recent estimates indicate that acute intrapartum hypoxia-ischemia is seen in ~6% of CP cases[81], indicating that genomic mutations represent an important, independent contributor to CP etiology that historically has been overlooked.

We found evidence for both known disease-associated genes and genes not previously associated with human phenotypes in our cohort. The identification of independently arising yet identical DNMs in *RHOB* and *FBXO31* indicates that monogenic contributions to CP exist but may be under-recognized. Our parallel identification of genetic correlation of CP with other NDDs implicates shared susceptibility as suggested previously[82]. In some cases, this may reflect ascertainment bias, as motor phenotypes may have been under-reported in prior studies of other NDDs. In other cases, typified by *FBXO31*, our findings likely represent phenotypic expansions. Finally, in some contexts, NDD manifestations may prove pleiotropic, with a genetic disruption of early neurodevelopment manifesting variably as is increasingly being recognized[83]. Analogous to other NDDs, individual CP cases may prove to be environmental in origin, genetic, or some combination thereof. However, somewhat uniquely among the NDDs, environmental contributions to CP are relatively well characterized, and CP may represent a model disorder within which to study gene-environment interactions in a developmental context.

Altered motor circuit connectivity is thought to be part of CP pathophysiology[84]. By integrating orthogonal lines of evidence, including recurrent gene analyses, *in vitro* and *in vivo* functional assays, cohort-wide network biology approaches, and Drosophila locomotor studies, we found converging evidence supporting a role for extracellular matrix components, cell-matrix focal adhesions, cytoskeletal organization and Rho GTPases in CP etiology. These processes are known to drive the conserved process of cell projection extensions during nervous system development[85]. Based on known disease and developmental biology, we therefore predict that disruption of genes involved in neurodevelopmental patterning may alter early neuritogenesis and neuronal functional network connectivity in CP. Further studies will be needed to determine more specifically how CP patient-derived variants affect neuronal circuit development.

Our findings have important clinical implications. Specific genetic findings may provide closure for families and guide preventative healthcare as well as family planning, such as counseling for recurrence risk (often quoted as ~1% for CP but potentially much higher for inherited mutations). In some cases, identification of specific

variants in individuals in our cohort led to recommendations for changes in management, including personalized treatments that would not otherwise have been initiated (i.e. ethosuximide for *GNB*[86] (F068), levodopa for *CTNNB1*[87] (F066, GRA8913, F428), and 5-aminoimidazole-4-carboxamide riboside (AICAr) for *AMPD*[88] (F623) (**Supplementary Note**).

In the near future, studies will be able to overcome our limitations of small sample size and further utilize available clinical data to expand upon genotype-phenotype correlations. Additionally, as more information about CP genetic etiology becomes available, it will become possible to assign likely genetic causation to more individual cases. Future studies of well-characterized unselected CP cohorts will be instrumental in determining the true contributions of genetic and environmental factors side-by-side in order to clarify the epidemiology of CP.

Overall, our data indicate that genomic variants should be considered alongside environmental insults when assessing the etiology of an individual's CP. Such considerations will have important clinical, research, and medico-legal implications. In the near future, genomic data may help stratify patients and identify likely responders to currently available medical and/or surgical therapies. Finally, over time, mechanistic insights derived from the identification of core pathways via genomic studies of CP may help guide therapeutic development efforts in a field that has not seen a novel therapy introduced for decades.

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AUTHOR CONTRIBUTIONS

K.B., S.P-L., Q.X., C. Zhu, R.P.L., A.H.M., J.G., and M.C.K. contributed to study design, data interpretation, and oversight. B.Y.N., J.G.B., K.H., C. Zhou, D.Z., B.Z, B.K., S.W., J.B., S.P., J.B.V., J.B.-H., A.P., M.C.F., L.X., Y.X., M.C., K.R., F.M., Y.W., J.L.W., L.R., J.S.C., A.F., A.E.L., J.P.P., T.F., S.J.M., K.E.C., S.M.R., D.S.R., Q.S., C.G., Y.A.W., N.B., I.N., S.C.M., X.W., D.J.A., J.H., and M.C.K. provided cohort ascertainment, recruitment, and phenotypic characterization. K.B., C.C., A.E., J.L., C.L.v.E., H.M., S.M.M., I.R.T., F.L.-G., Y.A.W., B.S.G., J.Z., D.L.W., M.S.B.F., C. Zhou, and M.A.C. performed exome sequencing production and validation. S.B., S.C.J., M.A.C., M.C.S., X.Z., J.R.K., and A.H.S. performed WES analysis. A.E., H.M., J.L., B.S.G., and S.P.-L. performed RHOB validation. S.M.N., S.P.-L., S.P., J.B.V., D.D., and S.A.L. performed FBXO31 validation. S.A.L., S.V., and D.C.Z. performed Drosophila locomotor experiments. S.C.J., S.A.L., S.B., S.S., B.L., Q.L., M.C.S., and X.Z. conducted statistical analysis. S.H. performed biophysical simulation for RHOB and FBXO31. S.C.J., S.A.L., J.G., Q.L., S.P.-L., R.P.L., A.H.M., S.M., B.Y.N., M.C.S., X.Z., C.L.v.E., X.W., Q.X., C. Zhu, and M.C.K. wrote and reviewed manuscript. K.B., R.P.L., Q.X., C. Zhu, A.H.M., J.G., S.P.-L., and M.C.K. acquired funding and supervised the project and were considered co-senior authors. All authors have read and approved the final manuscript.

COMPETING INTERESTS

None

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FIGURE LEGENDS

Figure 1 | Functional validation of CP-associated RHOB variant S73F. a, Sanger traces of mother, father, and proband from families F064 and F244 verifies *de novo* inheritance and position of variant (red arrow). **b**, Poisson-Boltzman electrostatic map of wild-type RHOB (left) and F73 variant (right) showing changes to the kinase binding site (arrow) and surface charge of the protein. Alignment between human Rho-family proteins shows high conservation of the RhoB 73 residue in the Switch II domain. The site of S73/F73 has been labeled (arrow). **c**, Brain MRI from F064 demonstrates bilateral periventricular T2/FLAIR hyperintensity (arrows) on axial imaging, while sagittal views reveals equivocal thinning of the isthmus of the corpus callosum (star). MRI from F244 T2 hyperintensity of posterior limb of internal capsule and optic radiations (left) and hyperintensity of periventricular white matter (right). **d**, GTP hydrolysis is enhanced ~1.5-fold in the S73F RHOB variant in a GTPase activating protein (GAP) assay. Absorbance measurements of hydrolyzed GTP in the presence of either low (5 µg) (P = 0.003) or high (13 µg) ($P = 5.6 \times 10^{-5}$) RhoA GAP. There was no change in endogenous GTPase activity with S73F variant without added GAP added (not shown) (n = 3). **e**, GTP binding is enhanced in the S73F RHOB variant in a guanine exchange factor (GEF) assay. The N-methylantraniloyl-GFP fluorophore increases its fluorescence emission when bound to Rho-family GTPases, indicating nucleotide uptake by the GTPase. Both wild-type and S73F have low endogenous GTP binding (lower curves). In the presence of the Dbs GEF protein, GTP binding is enhanced, and S73F K_m is significantly reduced compared to wild-type RHOB (n = 5) (mean 243 vs. 547 seconds, P = 0.0017). **f**, S73F GTP-binding is increased 4-fold in a pull-down assay with Rhotekin, an interactor with active GTP-bound Rho proteins. (Top) Sample western blot cropped to show RHOB from bead-bound fraction and total input detected using antibody against V5 tag. (Bottom) Quantification of ratio of rhotekin-bound/total RHOB (n = 5), P = 0.001. Bars in **f** indicate standard error. RFU, relative fluorescence units (10^6) at 360 nm excitation. Statistics determined by two-tailed unpaired t-test. $^{**}P <$ 0.003. Full-length blots are provided as **Source Data Figure 1**.

Figure 2 | Functional validation of CP-associated FBXO31 variant D334N shows alterations in cyclin D regulation. a, Sanger traces of mother, father, and proband from families F218 and F699 verifies *de novo* inheritance and position of variant (red arrow). **b**, Poisson-Boltzman electrostatic map of wild-type FBXO31 (left) and the D334N variant (right). D334 is positioned around the cyclin D1 (green) binding pocket on FBXO31. The mutation alters the surface electrostatic charge around the cyclin D1 binding site with a predicted effect on cyclin D1 binding to FBXO31. The site of D334/D334N has been labeled (arrow). Magnified view of showing alterations to surface charge in cyclin D1 binding site shown below. **c**, Representative western blot cropped to show decreased cyclin D expression in patient-derived fibroblasts with *FBXO31* p.D334N variant. Quantification of Cyclin D is normalized to in-lane β-tubulin and within-experiment control GMO8398. Both patients had reduced cyclin D compared to pooled controls. Data averaged for three independent cell culture experiments (n = 7 controls, n = 6 patient measurements). Box indicates 75th and 25th percentile with median line;

whiskers indicate 10th and 90th percentile. **P = 0.004 calculated using two-tailed unpaired t-test. Full-length blots are provided as **Source Data Figure 2**.

Figure 3 | Genetic overlap between common neurodevelopmental disorders. a, Venn diagram showing number of overlapping genes between candidate cerebral palsy (CP) genes and genes linked to other neurodevelopmental disorders (NDDs) intellectual disability (ID), epilepsy, and autism spectrum disorder (ASD). CP risk genes were identified as having one or more damaging variant across modes of inheritance with overlap determined using DisGeNET. **b**, Overlap between CP and other NDDs was significant by hypergeometric two-tailed test, while overlap between CP and Alzheimer's disease was not. Total number of genes in DisGeNET = 17,549; total number of genes in our gene set = 439.

Figure 4 | Locomotor phenotypes of loss of function mutations in Drosophila orthologs of candidate cerebral palsy risk genes. a, Turning time, a measure of coordinated movements, is increased in larvae with mutations in *AGAP1*, *SEMA4A*, and *TENM1* orthologs. Drosophila mutant and control genotypes are provided in **Supplementary Table 9**. **b-i**, 14 day-old adult flies have locomotor impairments. **b-e**, Negative geotaxis climbing defects in distance threshold assay for flies with mutations in orthologs of *DOCK11* (**b**), *RABEP1* (**c**), *PTK2B* (**d**) and *ATL1* (**e**). Some genotypes have a male-specific locomotor defect (**c**). **f-g**, Increased number of falls for flies with mutations in *SYNGAP1* (**f**) and *TBC1D17* (**g**) orthologs, although % reaching threshold distance was normal (**Extended Data Fig. 10**). **h-i**, Impairments in the average distance traveled of flies with mutations in *MKL1* (**h**) and *ZDHHC15* (**i**) orthologs. Related GO terms for genes are shown in bold. For box and whisker plots, box indicates 75th and 25th percentile with median line, and whiskers indicate 10th and 90th percentile. Locomotor curve represents average of all trials and bars indicate standard error. n = 50 larvae, n = 10-21 trials for falls and distance traveled assays, and n = 10-21 trials for locomotor curves. Difference between larval turning time, distance traveled, and number of falls determined by unpaired two-tailed t-test. Locomotor curves were considered to be significantly different from each other if $P < 0.05$ for Kolomogrov-Smirnov test in addition to a significant difference at one or 1 or more time bins by Mann-Whitney rank sum two-tailed test. *$P < 0.05$, **$P < 0.005$, ***$P < 0.001$, ****$P < 1 \times 10^{-6}$. Exact genotypes, n, and P values are provided in **Supplementary Table 9**. **j**, Enrichment of locomotor phenotypes detected in studies of putative CP genes (observed) compared to genome-wide rates annotated in Flybase.org (expected, 3.1%). P value was calculated by Fisher's exact two-tailed test.

TABLES

Table 1 | Significant enrichment of DNMs in CP cases. A one-tailed Poisson test was used to test the enrichment of DNMs for each functional class. A marginal enrichment of DNMs was observed for loss-of-function (LoF), protein-altering, and damaging DNMs. Strikingly, when we restricted our analysis to LoF-intolerant genes, stronger enrichment was observed for protein-altering and damaging DNMs, suggesting a significant contribution of DNM in this gene set to CP pathogenesis. No enrichment was found in controls. *n*, number of DNMs; rate, number of DNMs divided by the number of individuals in the cohort; enrichment, ratio of observed to expected numbers of mutations; D-Mis, damaging missense mutations as predicted by MetaSVM and CADD algorithms; Protein-altering, missense + LoF; Damaging, D-Mis + LoF.

	Cases, *n* = 250						Controls, *n* = 1,789					
	Observed		Expected		Enrichment	*P*		Observed		Expected		Enrichment	*P*
	n	Rate	*n*	Rate				*n*	Rate	*n*	Rate		
All genes (*n* = 19,347)							**All genes (*n* = 19,347)**						
Total	298	1.19	276.8	1.11	1.08	0.11	Total	1,834	1.03	1,967.2	1.10	0.93	1.00
Synonymous	68	0.27	78.4	0.31	0.87	0.89	Synonymous	484	0.27	557	0.31	0.87	1.00
T-Mis	63	0.25	61.3	0.25	1.03	0.43	T-Mis	410	0.23	431.6	0.24	0.95	0.86
D-Mis	132	0.53	113.1	0.45	1.17	0.04	D-Mis	790	0.44	808.1	0.45	0.98	0.74
LoF	35	0.14	24.1	0.10	1.46	0.02	LoF	150	0.08	170.4	0.10	0.88	0.95
Protein-altering	230	0.92	198.5	0.79	1.16	0.02	Protein-altering	1,350	0.75	1,410.2	0.79	0.96	0.95
Damaging	167	0.67	137.2	0.55	1.22	7.4×10^{-3}	Damaging	940	0.53	978.5	0.55	0.96	0.89
Loss-of-function intolerant genes (gnomADv2.1.1 pLI ≥ 0.9; *n* = 3,049)							**Loss-of-function intolerant genes (gnomADv2.1.1 pLI ≥ 0.9; *n* = 3,049)**						
Total	99	0.40	66.4	0.27	1.49	1.1×10^{-4}	Total	456	0.25	473.8	0.26	0.96	0.80
Synonymous	20	0.08	18.7	0.07	1.07	0.41	Synonymous	113	0.06	133.4	0.07	0.85	0.97
T-Mis	13	0.05	10.7	0.04	1.21	0.28	T-Mis	86	0.05	75.5	0.04	1.14	0.13
D-Mis	53	0.21	31.1	0.12	1.70	2.3×10^{-4}	D-Mis	222	0.12	222.7	0.12	1.00	0.53
LoF	13	0.05	5.9	0.02	2.19	8.1×10^{-3}	LoF	35	0.02	42.2	0.02	0.83	0.89
Protein-altering	79	0.32	47.7	0.19	1.66	2.1×10^{-5}	Protein-altering	343	0.19	340.4	0.19	1.01	0.45
Damaging	66	0.26	37.1	0.15	1.78	1.2×10^{-5}	Damaging	257	0.14	264.9	0.15	0.97	0.69

Table 2 | Eight genes with two or more damaging (LoF + D-Mis) DNMs. A one-tailed Poisson-test was performed for damaging and LoF DNMs for each gene independently. The Bonferroni correction for genome-wide significance is 1.3×10^{-6} (= 0.05/(19,347 genes x 2 tests)).

Gene	# LoF	# D-Mis	Poisson *P*-value	pLI	mis_Z
CTNNB1	**3**	**0**	**9.8×10^{-10}**	**1.00**	**3.85**
TUBA1A	**0**	**3**	**4.8×10^{-8}**	**0.97**	**5.58**
RHOB	0	2	7.6×10^{-6}	0.12	2.51
ATL1	0	2	2.0×10^{-5}	0.98	2.63
DHX32	0	2	3.5×10^{-5}	0.00	1.26
SPAST	0	2	3.5×10^{-5}	1.00	1.24
FBXO31	0	2	5.1×10^{-5}	0.44	2.46
ALK	1	1	2.5×10^{-4}	0.00	0.01

Table 3 | Idiopathic CP cases show enrichment of damaging recessive genotypes (RGs) in HSP-associated genes. One-tailed binomial test coupled with the polynomial regression model was conducted to evaluate the enrichment of damaging RGs in known HSP-associated genes in cases and in controls, respectively. Stratified analysis by the diagnosis of CP shows that the enrichment of these damaging RGs was specific to cryptogenic cases. Multiple-testing *P*-value cutoff was 6.3×10^{-3} (= 0.05/(2 x 4)).

Gene set (# genes)	Observed				Expected	Enrichment	*P*
	Homozygotes	Compound heterozygous	Unique genes	Recessive genotypes	Recessive genotypes		
250 CP cases							
All genes (19,347)	63	133	187	196	-	-	-
Recessive known HSP genes (52)	3	3	6	6	0.78	**7.74**	**1.5×10^{-4}**
Known HSP genes (73)	3	3	6	6	0.97	**6.20**	**4.8×10^{-4}**
157 idiopathic cases							
All genes (19,347)	49	89	136	138	-	-	-
Recessive known HSP genes (52)	3	2	5	5	0.54	**9.22**	**2.4×10^{-4}**
Known HSP genes (73)	3	2	5	5	0.68	**7.37**	**6.5×10^{-4}**
84 environmental cases							
All genes (19,347)	14	41	40	55	-	-	-
Recessive known HSP genes (52)	0	1	1	1	0.22	4.48	0.20
Known HSP genes (73)	0	1	1	1	0.28	3.60	0.24
1,789 controls							
All genes (19,347)	81	687	610	768	-	-	-
Recessive known HSP genes (52)	0	3	3	3	2.46	1.22	0.45
Known HSP genes (73)	0	3	3	3	2.94	1.02	0.56

Table 4 | CP risk gene pathway enrichment. Key pathways and terms overlapping between DAVID, PANTHER, and MSigDB bioinformatics tools. Gene ontology (GO) terms include cell projections, cytoskeleton, and Rho GTPase signaling. GO terms were extracted from the total set (**Supplementary Data Sets 6-15**) using hierarchical nesting, or functions that were represented by multiple GO terms. Overlap/Set refers to number of genes overlapping between CP risk gene and Database/Number of genes in Database for that term. FDR = *q* value (false discovery rate cutoff = 0.05) from two-tailed Fisher and hypergeometric tests. FDR differences are due to differences in tool methodologies.

Database	Terms	Overlap/Set	Observed	Expected	FDR
DAVID	Non-integrin membrane-ECM interactions (R-HSA-3000171)	10/40	10/218	40/9075	0.00045
	Laminin interactions(R-HSA-3000157)	8/30	8/218	30/9075	0.0075
	ECM-receptor interaction (R-HSA-04512)	12/87	12/168	87/6879	0.00888
PANTHER	Non-integrin membrane-ECM interactions (R-HSA-3000171)	12/59	12/447	59/20851	6.02×10^{-5}
	Laminin interactions (R-HSA-3000157)	8/30	8/447	30/20851	0.00114
	Signaling by Rho GTPases (R-HSA-194315)	24/408	24/447	408/20851	0.00721
	Extracellular matrix organization (R-HSA-1474244)	20/299	20/447	299/20851	0.00826
MSigDB	Non-integrin membrane-ECM interactions (R-HSA-30000171)	12/59	12/439	59/38055	5.53×10^{-9}
	Laminin interactions (R-HSA-30000157)	8/30	8/439	30/38055	4.65×10^{-7}
	Signaling by Rho GTPases (R-HSA-194315)	26/450	26/439	450/38055	2.15×10^{-8}
	Extracellular matrix organization (R-HSA-1474244)	20/301	20/439	301/38055	1.97×10^{-7}
Biological processes	**Cell projection and organization**	**Overlap/Set**	**Observed**	**Expected**	**FDR**
	Regulation of cell projection organization (GO:0031344)	47/695	47/447	695/20851	1.35×10^{-7}
	Positive regulation of cell projection organization (GO:0031346)	30/395	30/447	395/20851	1.84×10^{-5}
	Positive regulation of neuron projection development (GO:0010976)	19/294	19/447	294/20851	0.0087
	Microtubule based movement				
	Movement of cell or subcellular component (GO:0006928)	66/1544	66/447	1544/20851	1.22×10^{-4}
	Microtubule-based process (GO:0007017)	32/667	32/447	667/20851	0.00875
	Microtubule-based movement (GO:0007018)	18/271	18/447	271/20851	0.00966
Cell components	**Axonal cell projection**				
	Plasma membrane bounded cell projection part (GO:0120025)	89/2197	89/447	2197/20851	7.15×10^{-6}
	Axon (GO:0030424)	34/641	34/447	641/20851	0.000882
	Actin-based cell projection (GO:0098858)	15/214	15/447	214/20851	0.00898
	Microtubule associated components				
	Cytoskeleton (GO:0005856)	82/2274	82/447	2274/20851	0.000894
	Microtubule cytoskeleton (GO:0015630)	46/1246	46/447	1246/20851	0.0213
	Microtubule associated complex (GO:0005875)	11/154	11/447	154/20851	0.0302
Molecular functions	**GTPase activity**				
	Small GTPase binding (GO:0031267)	28/421	28/421	421/20851	7.98×10^{-5}
	Rho GTPase binding (GO:0017048)	19/145	19/447	145/20851	9.63×10^{-7}
	GTPase regulator activity (GO:0030695)	18/307	18/447	307/20851	0.0211
	Actin cytoskeleton regulation				
	Extracellular matrix structural constituent (GO:0005201)	15/165	15/447	165/20851	0.00108
	Actin binding (GO:0003779)	23/443	23/447	443/20851	0.0207

METHODS

Case cohorts, enrollment, phenotyping, and exclusion criteria. 159 CP cases (132 idiopathic, 24 environmental, 3 unclassified) and their unaffected parents were recruited via Phoenix Children's Hospital, the University of Adelaide, and Zhengzhou City Children's Hospital. Six of these were recently published as part of a gene panel study[89]. Exclusion criteria and detailed descriptions about these cohorts are provided separately below. Further, 91 previously published[22] trios (25 idiopathic, 60 environmental, 6 unknown) were included to allow for comparison of idiopathic and environmental subtypes of CP.

CP classification. CP cases were subdivided into idiopathic, environmental, and unclassified groups based upon data available at the time of ascertainment. This designation was revised as appropriate as additional data became available. Cases were designated "environmental" if any idiopathic exclusion criteria were met.

Exclusion criteria for idiopathic status. Potential participants were excluded from an "idiopathic" designation if any of the following were present: prematurity (estimated gestational age < 32 weeks), stroke, intraventricular hemorrhage, major brain malformation (i.e. lissencephaly, pachygyria, polymicrogyria, schizencephaly, simplified gyri, brainstem dysgenesis, cerebellar hypoplasia, etc.), hypoxic-ischemic injury (as defined by treating physicians), *in utero* infection, hydrocephalus, traumatic brain injury, respiratory arrest, cardiac arrest, or brain calcifications. The following did not automatically indicate environmental status even if parents believed this was the cause of the child's CP: history of prematurity (but delivery at greater than or equal to 32 weeks gestational age), nuchal cord, difficult delivery, fetal decelerations, urgent C-section, preterm bleeding, or maternal infection. In equivocal cases, additional data was sought until a decision regarding group assignment could be made by the corresponding author. Periventricular leukomalacia was not considered universally indicative of environmental status[90].

Movement disorder, pattern of involvement, and functional status. Spasticity, dystonia, chorea/athetosis, ballism, hypotonia, and/or ataxia were assessed by the treating specialist, who also assigned Gross Motor Functional Classification System scores as well as the pattern of involvement.

Phoenix Children's Hospital (PCH; n = 52). Patients with CP according to international consensus criteria[23] were recruited from CP subspecialty clinics (pediatric movement disorders neurology, pediatric orthopedics, pediatric neurosurgery, pediatric physiatry) at PCH or the clinics of collaborators at outside institutions using a local ethics-approved protocol or a PCH-approved central IRB protocol (#15-080). Written informed consents were obtained for parents and assent was obtained for children as appropriate for families wishing to participate. Blood, buccal swab and/or saliva samples were collected from the affected child and both parents. DNA was extracted with the support of the PCH Biorepository using a Kingfisher Automated Extraction System™, and quality control metrics, including yield, 260/280, and 260/230 ratio were recorded.

University of Adelaide Robinson Research Institute (n = 63). Ethics permission was obtained in each state and overall from the Adelaide Women's and Children's Health Network Human Research Ethics Committee South Australia. Families were enrolled from among children attending major children's hospitals in South Australia, New South Wales and Queensland where a diagnosis of CP had been confirmed by a specialist in pediatric rehabilitation according to international consensus criteria[23]. Blood for DNA from cases was collected under general anaesthesia during procedures such as Botox injections or orthopedic surgery and parental blood collected whenever possible. Lymphoblastoid cell lines (LCLs) were generated for each case at Genetic Repositories Australia.

Zhengzhou City Children's Hospital (n = 44). This study was approved after review by the ethics committee of Zhengzhou City Children's Hospital. Parent-offspring trios were recruited from children with CP without apparent cause at Zhengzhou City Children's Hospital. Cases were additionally excluded if intrauterine growth retardation, threatened pre-term birth, premature rupture of membranes, pregnancy-induced hypertension, or multiple births was present. All participants and their guardians provided written informed consent under the auspices of the local ethics board. DNA was extracted from blood samples using standard methods.

Control cohorts. Controls consisted of 1,789 previously sequenced families that included one child with autism, one unaffected sibling, and the unaffected parents[25]. For use in this study, only the unaffected sibling and parents were analyzed. Controls were designated as unaffected by the Simons Simplex Collection (SSC). Permission to access the genomic data in the SSC via the National Institute of Mental Health Data Repository was obtained. Written informed consent for all participants was provided by the Simons Foundation Autism Research Initiative.

Exome sequencing. Most trios were sequenced at the Yale Center for Genome Analysis following an identical protocol (**Supplementary Table 2**). Briefly, genomic DNA from venous blood, buccal swabs, saliva, or LCL lines (Adelaide) was captured using the Nimblegen SeqxCap EZ MedExome Target Enrichment Kit (Roche) or the xGEN Exome Research Panel v1.0 (IDT) followed by Illumina DNA sequencing as previously described[24]. Trio samples from Zhengzhou were prepared using Exome Library Prep kits (Illumina), followed by Illumina sequencing. Eight trios from Adelaide sequenced at the University of Washington were prepared using the SureSelect Human All Exon V5 (Agilent) and underwent Illumina sequencing. One trio sequenced by GeneDx was captured using the Agilent SureSelect Human All Exon V4 while one trio sequenced by the Hôpital Pitié-Salpêtrière used the Roche MedExome capture kit, in both cases followed by Illumina sequencing. Ninety-one previously published trios from Adelaide were captured using the VCRome 2.1 kit (HGSC), followed by Illumina sequencing as described previously[22] (**Supplementary Data Set 1**). Sequencing metrics suggest that, regardless of the exome capture reagent used, all samples had sufficient sequencing coverage to make confident variant calls with a mean coverage of ≥ 46× at each targeted base and more than 90% of targeted bases with ≥ 8 independent reads.

Mapping and variant calling. WES data were processed using two independent pipelines at the Yale School of Medicine and PCH. At each site, sequence reads were independently mapped to the reference genome (GRCh37) with BWA-MEM and further processed using GATK Best Practice workflows, which include duplication marking, indel realignment, and base quality recalibration, as previously described[26,27,91]. Single nucleotide variants and small indels were called with GATK HaplotypeCaller and annotated using ANNOVAR[92], dbSNP (v138), 1000 Genomes (August 2015), NHLBI Exome Variant Server (EVS), and the Exome Aggregation Consortium v3 (ExAC)[93]. MetaSVM and Combined Annotation Dependent Deletion (CADD v1.3) algorithms were used to predict deleteriousness of missense variants ("D-Mis", defined as MetaSVM-deleterious or CADD ≥ 20)[28,29]. Inferred LoF variants consist of stop-gain, stop-loss, frameshift insertions/deletions, canonical splice site, and start-loss. LoF + D-Mis mutations were considered "damaging". Variant calls were reconciled between Yale and PCH prior to downstream statistical analyses. Variants were considered by mode of inheritance, including DNMs, RGs, and X-linked variants. Protein annotations in **Extended Data Figures 3-8** were obtained using Geneious Prime 2020.0.5. (https://www.geneious.com).

Variant filtering. DNMs were called using the TrioDenovo[30] program by Yale and PCH separately as described previously[24], and filtered using stringent hard cutoffs. These hard filters include: (i) MAF ≤ 4×10^{-4} in ExAC; (ii) a minimum 10 total reads total, 5 alternate allele reads, and a minimum 20% alternate allele ratio in the proband if alternate allele reads ≥ 10 or, if alternate allele reads is < 10, a minimum 28% alternate ratio; (iii) a minimum depth of 10 reference reads and alternate allele ratio < 3.5% in parents; and (iv) exonic or canonical splice-site variants.

For the X-linked hemizygous variants, we filtered for rarity (MAF ≤ 5×10^{-5} across all samples in 1000 Genomes, EVS, and ExAC) and high-quality heterozygotes (pass GATK Variant Score Quality Recalibration (VSQR), minimum 8 total reads, genotype quality (GQ) score ≥ 20, mapping quality (MQ) score ≥ 40, and minimum 20% alternate allele ratio in the proband if alternate allele reads ≥ 10 or, if alternate allele reads is < 10, a minimum 28% alternate ratio)[93,94]. Additionally, variants located in segmental duplication regions (as annotated by ANNOVAR[28]), RGs, and DNMs were excluded. Finally, *in silico* visualization was performed on: (i) variants that appear at least twice and (ii) variants in the top 20 significant genes from the analysis.

We filtered RGs for rare (MAF ≤ 10^{-3} across all samples in 1000 Genomes, EVS, and ExAC) homozygous and compound heterozygous variants that exhibited high quality sequence reads (pass GATK VSQR) and had a minimum 8 total reads total for proband. Only LoF variants (stop-gain, stop-loss, canonical splice-site, frameshift indels, and start-loss), D-Mis (MetaSVM = D or CADD ≥20), and non-frameshift indels were considered potentially damaging to protein function.

Estimation of expected number of RGs. We implemented a multivariate regression model to quantify the enrichment of damaging RGs in a specific gene or gene set in cases, independent of controls. Additional details about the modeling of the distribution of RG counts are described in our recent study[24].

Statistical analysis. *De novo enrichment analysis*. The R package 'denovolyzeR' was used for the analysis of DNMs based on a mutation model developed previously[95]. The probability of observing a DNM in each gene was derived as described previously[96], except that the coverage adjustment factor was based on the full set of 250 case trios or 1,789 control trios (separate probability tables for each cohort). The overall enrichment was calculated by comparing the observed number of DNMs across each functional class to expected under the null mutation model. The expected number of DNMs was calculated by taking the sum of each functional class specific probability multiplied by the number of probands in the study, multiplied by two (diploid genomes). The Poisson test was then used to test for enrichment of observed DNMs versus expected as implemented in denovolyzeR[95]. For gene set enrichment, the expected probability was calculated from the probabilities corresponding to the gene set only.

To estimate the number of genes with > 1 DNM, 1 million permutations were performed to derive the empirical distribution of the number of genes with multiple DNMs. For each permutation, the number of DNMs observed in each functional class was randomly distributed across the genome adjusting for gene mutability[24]. The empirical *P*-value was calculated as the proportion of times that the number of recurrent genes from the permutation is greater than or equal to the observed number of recurrent genes.

To examine whether any individual gene contains more DNMs than expected, the expected number of DNMs for each functional class was calculated from the corresponding probability adjusting for cohort size. A one-tailed Poisson test was then used to compare the observed DNMs for each gene versus expected. As separate tests were performed for damaging DNMs and LoF DNMs, the Bonferroni multiple-testing threshold is, therefore, equal to 1.3×10^{-6} (0.05/(19,347 genes x 2 tests)). The most significant *P*-value of the two tests was reported.

Gene-set enrichment analysis. To test for over representation of damaging RGs in a gene set without controls and correct for consanguinity, a one-sided binomial test coupled with the polynomial regression model was conducted by comparing the observed number of variants to the expected count estimated as described before[24]. Assuming that our exome capture reagent captures N genes and the testing gene set contains M genes, then the *P*-value of finding *k* variants in this gene set out of a total of *x* variants in the entire exome is given by

$$P = \sum_{i=k}^{x} \binom{x}{i} (p)^i (1-p)^{n-i}$$

where

$$P = \left(\sum_{gene\ set} Expected\ Value_i \right) \Big/ \left(\sum_{all\ genes} Expected\ Value_j \right)$$

Enrichment was calculated as the observed number of genotypes/variants divided by the expected number of genotypes/variants.

Gene-based binomial test. A one-tailed binomial test was used to compare the observed number of damaging RGs within each gene to the expected number

estimated using the approach detailed above. Enrichment was calculated as the number of observed damaging RGs divided by the expected number of damaging RGs.

Genetic overlap across neurodevelopmental disorders. We compared the list of 439 putative CP risk genes (**Supplementary Data Sets 6-15**) with genes identified in other major neurodevelopmental disorders using Disease-Gene Network (DisGeNET, updated May 2019)[65]. We first extracted all the genes from DisGeNET that were associated with autism spectrum disorder (ASD, CUI: C1510586, 571 genes), intellectual disability (ID, CUI: C3714756, 2,502 genes) and Epilepsy (EP, CUI: C0014544, 1,176 genes). We used the hypergeometric probability to calculate the overlap significance. The hypergeometric distribution formula is given by:

$$P(X = k) = \frac{\binom{K}{k}\binom{N-K}{n-k}}{\binom{N}{n}}$$

where, K = # genes in DisGeNET associated with the disease,
k = # genes in overlapping set with that disease,
N = # total genes in DisGeNET,
n = # total genes in the observed set

A Venn Diagram representing the gene number appearing in more than one list was created in R using the 'VennDiagram' package.

Pathway analysis. *STRING protein-protein interaction enrichment*. We used the list of 439 genes (**Supplementary Data Sets 6-15**) to conduct a protein-protein interaction (PPI) enrichment for gene networks. We used STRINGv11 to further study protein interaction networks in our set of 439 putative CP risk genes with de novo, X-linked recessive or autosomal recessive damaging variants. We used 0.70 (high confidence) cutoff to derive these interactions network as described[66]. The network visualization can be accessed at:
https://version-11-0.string-db.org/cgi/network.pl?networkId=sKvp4sjmxO4O

Gene set over representation analysis. We used the list of 439 genes (**Supplementary Data Sets 6-15**) for further downstream gene set over representation analysis using DAVID v6.8[69,97] (updated October 2016), PANTHER v15.0[98] (updated 2020-02-14) and MSigDB v7.0[99] (updated August 2019). The background gene list for all three tools was their respective pool of all human genes. To measure statistical over representation of gene sets in the client set, PANTHER uses a Fisher's exact two-tailed test, DAVID uses a modified Fisher's test and MSigDB uses the hypergeometric distribution two-tailed test.

DcGO[72] algorithm identifies parent and child nesting GO terms to determine hierarchal relationships. We started from the most specific GO terms (fewest genes) to identify first-level parents. These terms were used with DcGO to identify terms where parent, middle, and child terms were all represented on our list with significant FDR. These nested terms were manually curated for **Table 4**.

RHOB functional assays. *GTPase activating protein (GAP) assay*. (Cytoskeleton) 13 µg of purified wild-type or S73F RhoB protein (Origene) was incubated with 20 µM GTP with or without 5 µg or 13 µg of p50 RhoGAP for 30 min at 37 °C, then incubated with CytoPhos reagent for 15 min at room temperature. Hydrolyzed GTP was detected at 650 nm on a SpectraMax paradigm microplate reader as per the manufacturer's instructions. Data from three independent biological replicates.

Guanine exchange factor (GEF) assay. (Cytoskeleton) 2 µM of purified wild-type or S73F RhoB protein (Origene) was incubated with or without 2 µM of the GEF domain of the human Dbs protein for 30 min at 20 °C. The fluorescence of N-methylantraniloyl GTP-analogue binding was measured every 30 s at 360 nm with the SpectraMax as per the manufacturer's instructions. Data from five independent biological replicates.

Rhotekin assay. (Cytoskeleton) 50 µg of agarose beads coated with the Rho-GTP binding domain (residues 7-89) of the human Rhotekin protein were incubated with 500 µg of lysate from yeast expressing human RHOB-V5 or the S73F variant under gentle agitation for 1 h at 4 °C. Beads pelleted by centrifugation at 2,400 x*g* (5,000 rpm) for 4 min at 4 °C and washed three times in Wash Buffer (25 mM Tris pH 7.5, 30 mM $MgCl_2$, 40 mM NaCl). Beads were resuspended in Laemmli blue 2X and 40 µg of lysate used for western blotting. RhoB was identified with a primary monoclonal anti-V5 antibody (Thermo Fisher) 1:5,000 in BSA and a secondary goat anti-mouse HRP (GE Healthcare) 1:5,000. Data from five independent biological replicates.

***FBXO31* cyclin D abundance assay.** Three independent, passage-matched control fibroblast lines (GMO8398, GMO2987, GMO8399 from the Corriell Institute) and two patient primary fibroblasts obtained from each patient via punch biopsies were used. Total sample $n = 7$ controls, $n = 6$ patient measurements. Plates were seeded at 600,000 cells/well and cultured in DMEM supplemented with 1 mM sodium pyruvate, 1 mM glutamine (Gibco) and 10% FBS. Fibroblasts were harvested at confluence with RIPA buffer (Thermo Fisher) supplemented with protease cocktail (Fischer Scientific) on ice and centrifuged. Western blotting was conducted using 10 µg protein/lane with antibodies against cyclin D (rabbit polyclonal; ab134175) 1:1,000, β-tubulin (rabbit polyclonal, ab6046) 1:5,000 in 5% BSA and detected with anti-rabbit HRP (GE Health Sciences) 1:5,000. Signal was quantified using Image Studio Lite and the ratio of cyclin D/β-tubulin was normalized to within-experimental control GMO8398. The difference in cyclin D abundance was determined using an unpaired *t*-test.

Drosophila locomotor experiments. *Fly rearing and genetics.* Drosophila were reared on a standard cornmeal, yeast, sucrose food from the BIO5 media facility, University of Arizona. Stocks for experiments were reared at 25 °C, 60-80% relative humidity with 12:12 light/dark cycle. Cultures for controls and mutants were maintained with the same growth conditions, with attention to the density of animals within the vial. Descriptions of alleles used for each CP candidate gene can be found in **Supplementary Table 9** and included 5' insertional hypomorphs, missense mutations, targeted excision, and deficiency chromosomes. Fly stocks were obtained from the Bloomington Drosophila Stock Center (NIH P40OD018537) and other investigators. We performed crosses of background markers for genetic controls.

Locomotor assays. We used naïve, unmated flies collected as pharate adults. To minimize variables, we used no anesthesia, and humidity, temperature, and time of day were controlled (30-60% RH, 21-23.5 °C, 0900-1200). Flies were adapted to room conditions for 1 h before running in groups of 3-20 in a 250 mL graduated cylinder for 2 min[76]. If <50% crossed the 250 (22.5 cm) mark, flies were re-assayed immediately up to three iterations. Flies crossing the 250 mL mark (22.5 cm) were manually scored from coded videos in 10-second bins for 10-21 trials/genotype. The number of falls, defined as downward movement while detached from the cylinder wall, were manually counted and normalized to the number of flies in the recording window per 10-second bin for 10-21 trials/genotype. Significant difference of locomotor performance between mutants and controls required $P < 0.05$ for both Kolmogorov-Smirnov test for whole curve and Mann-Whitney rank sum test for at least one time bin between 10-30 seconds. Distance traveled assay was performed using paired, coded vials of control and mutant flies[77]. Distance measured from still image from video at 3 seconds post-tapping using ImageJ measure distance function from middle of fly to bottom of vial for 10-11 trials. Larval turning time was defined as the amount of time required to turn onto ventral surface and initiate forward movement after rotation onto dorsal surface and measured for 50 larvae/genotype[75]. Significance for vial and larval turning assays were determined using *t*-test. Graphs and statistics were performed in R. Drosophila locomotor gene enrichment analysis performed as described previously[78] using www.MARRVEL.org and www.flybase.org to identify the Drosophila ortholog and compared to genome-wide number of genes identified by the terms locomotor/locomotion, flight, taxis (photo- or geo-). Significance of enrichment determined using the Fisher exact two-tailed test. Assay validation and additional genetics information is provided in the **Supplementary Note**.

Reporting summary. Further information on research design is available in the Nature Research Reporting Summary linked to this article.

DATA AVAILABILITY STATEMENT

Sequencing data from University of Adelaide Robinson Research Institute (n = 154 trios) are available from the corresponding author on request, subject to human research ethics approval and patient consent. Data from Phoenix Children's Hospital (n = 52 trios) are available from the corresponding author on request, subject to patient consent. Data from Zhengzhou City Children's Hospital (n = 44 trios) are available in the CNSA of China National GeneBank DataBase repository (https://db.cngb.org/cnsa/).

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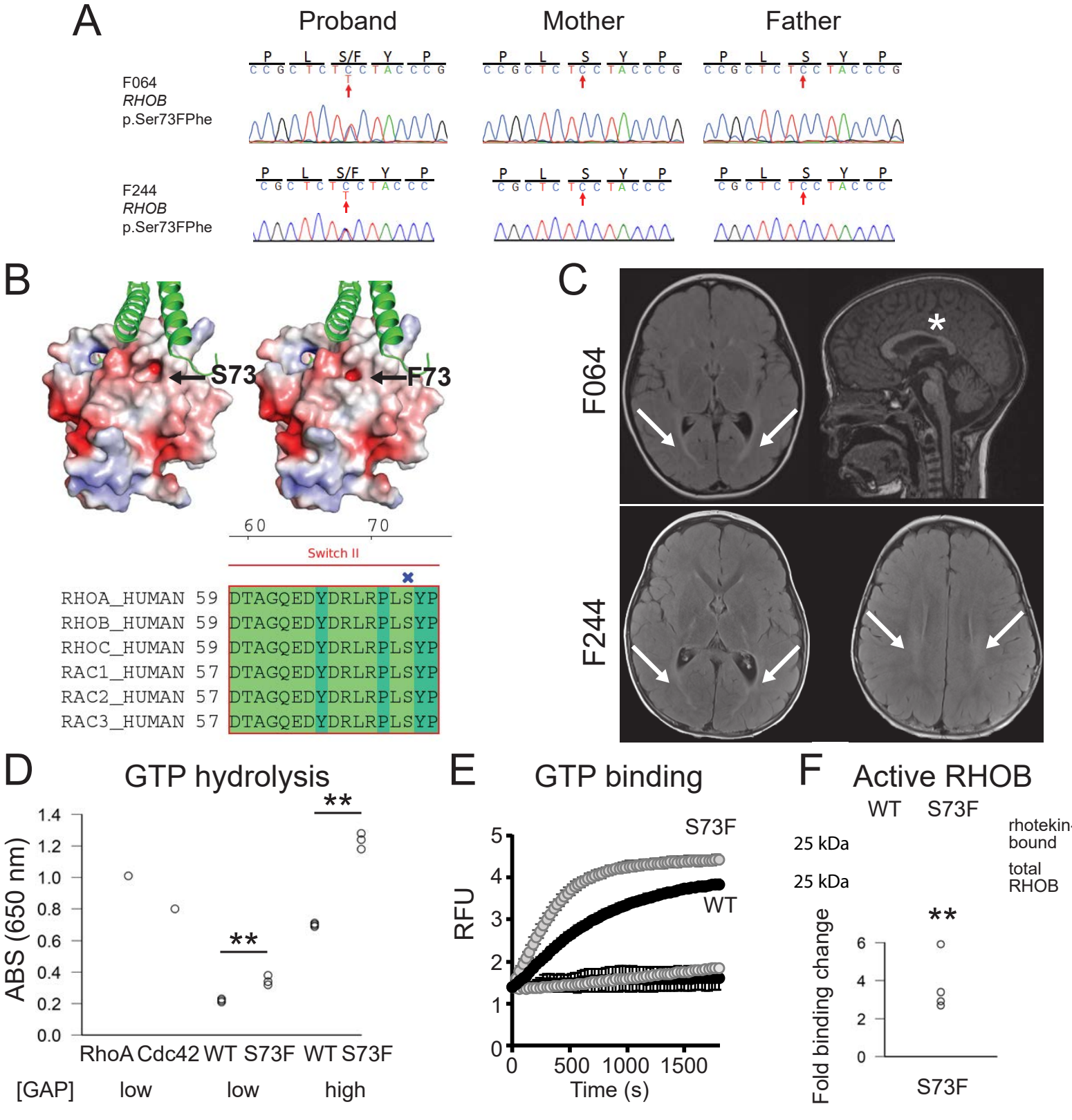
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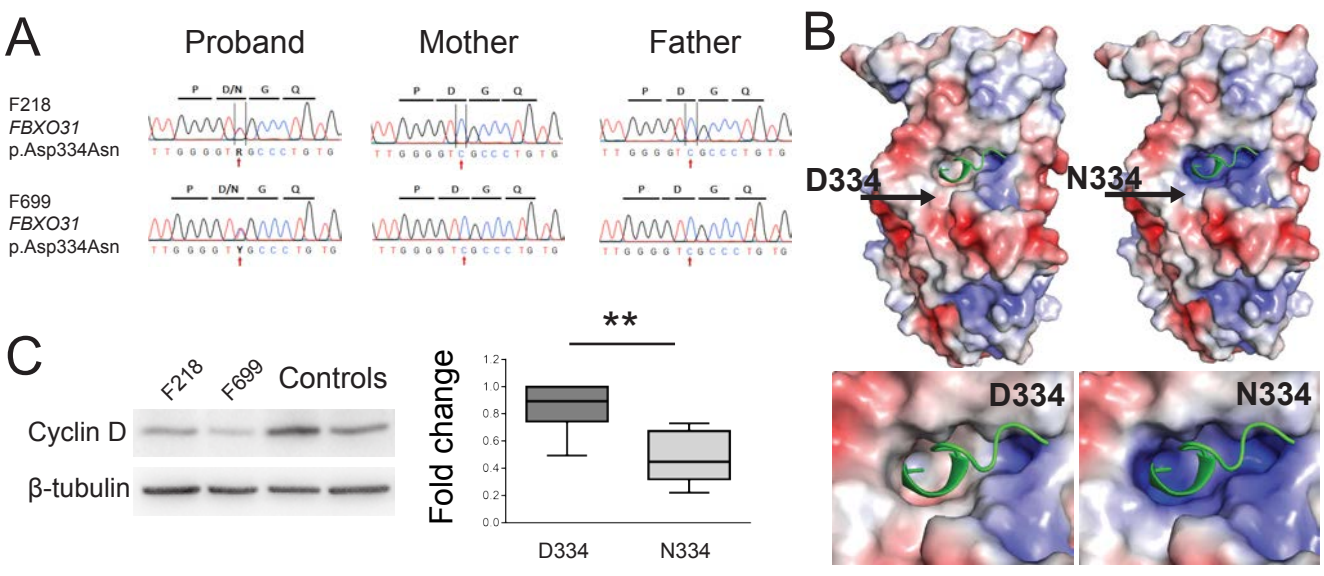
Father
F064
RHOB
p.Ser73FPhe
F244
RHOB
p.Ser73FPhe
B
S73
F73
60
70
Switch II
RHOA_HUMAN 59 DTAGQEDYDRLRPLSYP
RHOB_HUMAN 59 DTAGQEDYDRLRPLSYP
RHOC_HUMAN 59 DTAGQEDYDRLRPLSYP
RAC1_HUMAN 57 DTAGQEDYDRLRPLSYP
RAC2_HUMAN 57 DTAGQEDYDRLRPLSYP
RAC3_HUMAN 57 DTAGQEDYDRLRPLSYP
C
F064
F244
D
GTP hydrolysis
ABS (650 nm)
RhoA Cdc42 WT S73F WT S73F
[GAP] low low high
E
GTP binding
S73F
WT
RFU
Time (s)
F
Active RHOB
WT S73F
25 kDa
25 kDa
rhotekin-bound
total RHOB
Fold binding change
S73F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Father
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F699
FBXO31
p.Asp334Asn
B
D334
N334
D334
N334
C
F218
F699
Controls
Cyclin D
β-tubulin
**
Fold change
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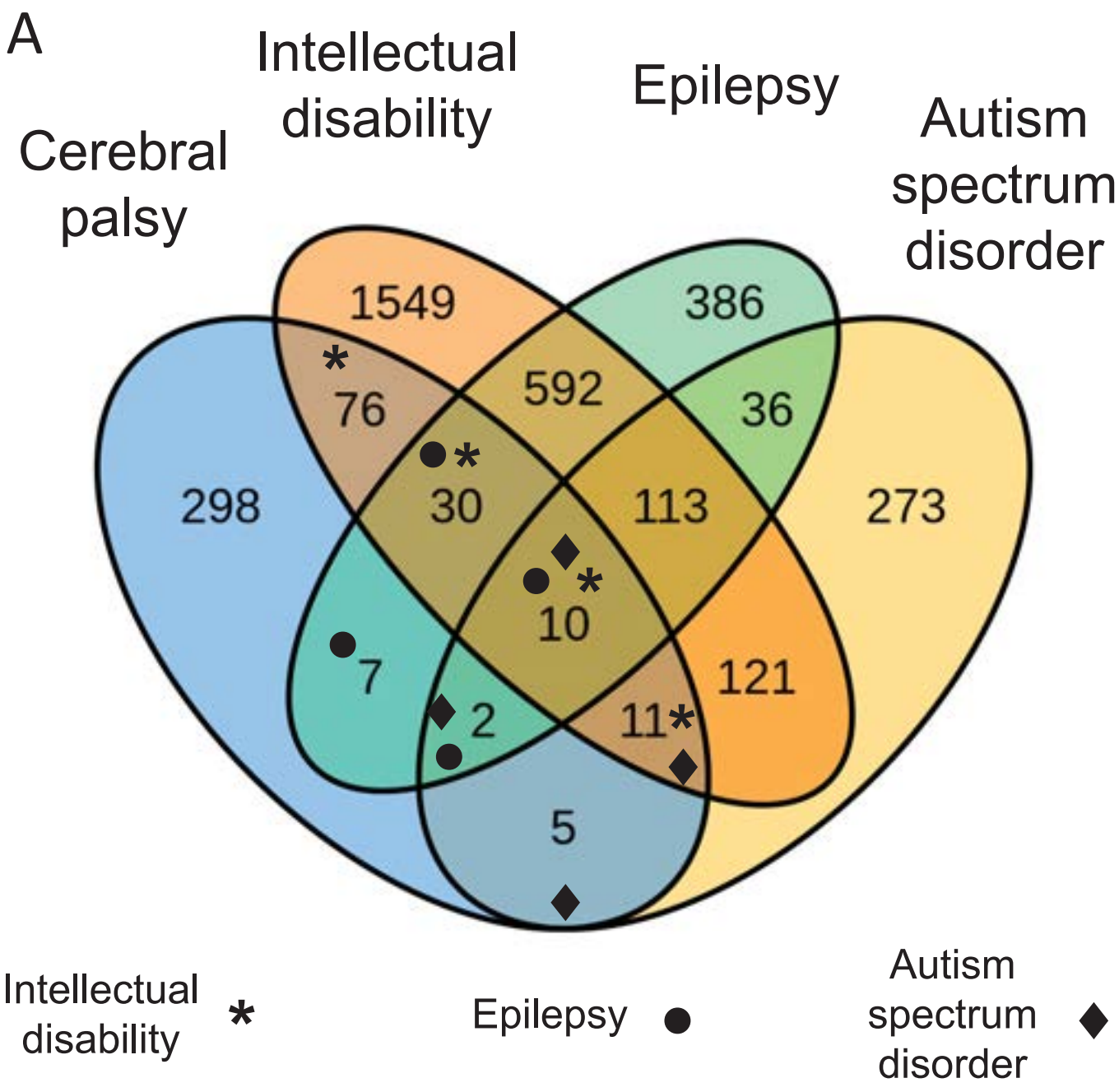
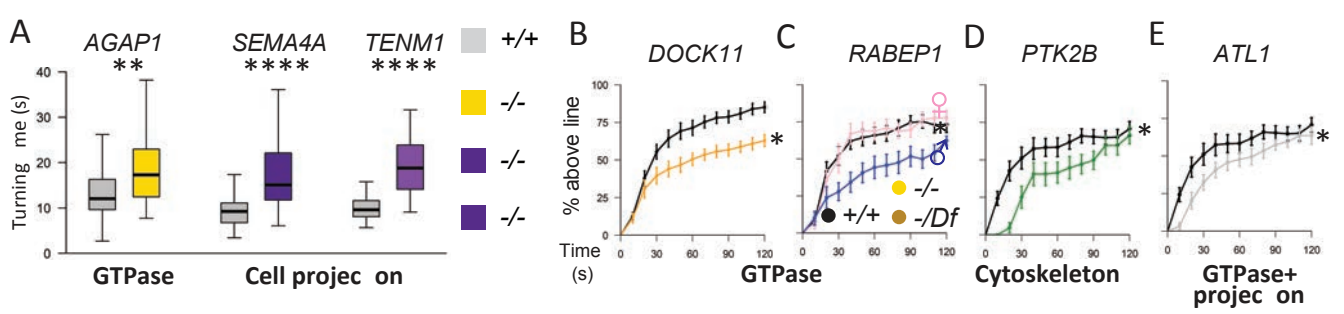
0.6
0.4
0.2
0.0
D334
N334

A



B

Disease	Genes in DisGeNET	CP candidate genes overlapping with DisGeNET	P-value
ASD	571	28	♦ 1.20×10^{-5}
ID	2502	127	* 2.56×10^{-16}
Epilepsy	1176	49	● 0.00016
Alzheimer's	1981	47	0.617



J

	Locomotor defect	No defect
Current study	16	6
Annotated	432	13499
Enrichment	23.4	
P-value	2.2×10^{-16}	