

Annexure 1

- 1 Modi MB, Patel PN, Modi VM, , et al. First reported case of alveolar soft part sarcoma in constitutional mismatch repair deficiency syndrome tumor spectrum - diagnosed in one of the siblings with constitutional mismatch repair deficiency. *South Asian J Cancer* 2017;6(01):41–43
- 2 Modi M, Patel T, Trivedi P, , et al. Secondary malignancies developing after acute lymphoblastic leukemia and its treatment with constitutional mismatch repair deficiency syndrome in siblings: secondary malignancies after ALL & treatment. *Natl J Integr Res Med* 2018;7(02):44–51
- 3 Mishra AK, Achari RB, Zameer L, , et al. Germline biallelic mismatch repair deficiency in childhood glioblastoma and implications for clinical management. *Neurol India* 2022;70(02):772–774
- 4 Paul C, Chakraborty S, Chakraborty S, Goswami K. Constitutional mismatch repair deficiency syndrome in a patient from India. *Clin Case Rep* 2020;8(12):2824–2826
- 5 Alphones S, Chatterjee U, Singh A, , et al. Immunohistochemical screening for mismatch repair protein deficiency in paediatric high-grade gliomas - institutional experience and review of literature. *Childs Nerv Syst* 2021;37(08):2521–2530
- 6 Lipsa A. Genomic Landscape of Hereditary and Early Onset Sporadic Colorectal Cancer [dissertation]. ACTREC-TMC/Homi Bhabha National Institute; 2020
- 7 Lipsa A, Kunduru RR, Sarin R. Comprehensive genotypic and phenotypic characterization of heterozygous versus homozygous MMR gene mutation carriers in an Indian Cohort. *Eur J Hum Genet* 2019;27(Suppl 1):440–441
- 8 Gupta A, George R, Aboobacker FN, ThamaraiSelvi B, Priscilla AJ. Pilomatricomas and café au lait macules as herald signs of constitutional mismatch repair deficiency (CMMRD) syndrome- a case report. *Pediatr Dermatol* 2020;37(06):1139–1141
- 9 Srivastava P, Husain N, Shukla S, Gupta V. Wilms tumour and colorectal adenocarcinoma an unusual concurrence. *Saudi J Pathol Microbiol* 2020;05(04):207–210
- 10 Ramachandra C, Challa VR, Shetty R. Constitutional mismatch repair deficiency syndrome: do we know it? *Indian J Hum Genet* 2014;20(02):192–194

Supp. Table S1 Scoring system to determine germline testing eligibility for CMMRD

	Indication for CMMRD testing	Score
	Mandatory criteria: 1 is mandatory and add if more than one criteria	
1	Carcinoma from the LS spectrum, age < 25 years	3
2	Multiple bowel adenomas at age < 25 years and absence of <i>APC1/MUTYH</i> mutations or a single high-grade dysplasia/adenoma at age < 25 years	3
3	WHO grade III or IV glioma at age < 25 years	2
4	NHL or T-cell lineage or sPNET at age < 18 years	2
5	Any malignancy at age < 18 years	1
	Additional features: Optional criteria: add if more than one criteria	
6	Clinical signs of NF1 and or > 2 hyper +/hypopigmented skin alterations > 1 cm	2
7	Diagnosis of Lynch syndrome in a first- or a second-degree relative	2
8	Carcinoma from LS spectrum in a 1st, 2nd, or 3rd degree relative < 60 years	1
9	A sibling with a malignancy from the LS spectrum, high-grade glioma, sPNET, or NHL	2
10	A sibling with any type of childhood malignancy	1
11	Multiple pilomatricomas in the patient	2
12	One pilomatricoma in the patient	1
13	Agenesis of the corpus callosum or nontherapy-induced cavernoma in the patient	1
14	Consanguineous parents	1
15	Deficiency/reduced levels of IgG 2/4 and /or IgA	1

Abbreviations: CMMRD, constitutional mismatch repair deficiency; Ig, immunoglobulin; LS, Lynch syndrome; NF1, ; NHL, non-Hodgkin lymphoma; sPNET, supratentorial primitive neuroendocrine tumor; WHO, World Health Organization.

Supp. Table S2 CMMRD diagnostic criteria

Criterion		Germline result ^a <i>PMS2</i> , <i>MSH6</i> , <i>MSH2</i> , <i>MLH1</i>	Positive ancillary testing	Clinical phenotype
Definitive diagnosis (strong evidence of CMMRD)	1	Biallelic pathogenic variants (P/P) ^a , confirmed in trans	Not required unless unaffected > 25 y, then one required	Not required if under age 25 (if no malignancy over age 25, ancillary testing required)
Definitive diagnosis (strong evidence of CMMRD)	2	Biallelic P/LP or LP/LP ^a variants, confirmed in trans	One required unless unaffected by hallmark cancer, then 2 required	Hallmark CMMRD cancer diagnosis > or C4CMMRD criteria of 3 points (then 2 ancillary tests required)
Definitive diagnosis (strong evidence of CMMRD)	3	Heterozygous P or LP variant (\pm VUS ^a or likely benign variants)	One required	Hallmark CMMRD cancer diagnosis
Definitive diagnosis (strong evidence of CMMRD)	4	No P or LP MMR variants (including VUS/VUS) ^b or no testing available (i.e., deceased proband)	Two required	Hallmark CMMRD cancer diagnosis
Likely diagnosis (moderate evidence of CMMRD)	5	Biallelic P/LP ^a or LP/LP variants confirmed in trans	Not required	C4CMMRD criteria of 3 points
Likely diagnosis (moderate evidence of CMMRD)	6	Heterozygous P or LP variant or no testing available (i.e., deceased proband)	Two required	a. C4CMMRD criteria of 3 points b. Individual < age 18 with NF1 features (i.e., no malignancy or polyposis history) c. Malignancy under age 30

Abbreviations: CMMRD, constitutional mismatch repair deficiency; LP, likely pathogenic; MMR, mismatch repair; P, pathogenic; VUS, variant of unknown significance.

^aSame gene on both alleles.

^bConsanguinity supports diagnosis.