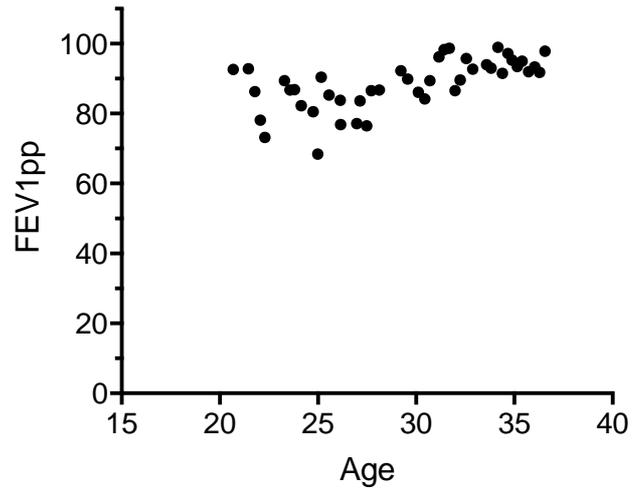


**Figure S1.** Deletion of exon10 induces a protein processing defect in D1152H-CFTR expressed in HEK293 cells. **(A)** HEK293 cells were transiently transfected with WT-, D1152H- or exon10del/D1152H-CFTR and pre-treated with DMSO or tezacaftor (1  $\mu$ M) for 24h at 37  $^{\circ}$ C. The CFTR constructs were detected with an antibody against the C-terminus of CFTR (mAb 596). C, mature complex-glycosylated CFTR; B, immature core-glycosylated CFTR. **(B)** Bars represent the mean ( $\pm$ SD) of the ratio C/(C + B) from five independent experiments. There was a statistical difference between D1152H and D1152H exon10del (\*\*\*\*  $p < 0.0001$ ) but not between DMSO and tezacaftor treated D1152H/exon10del HEK293 cells. **(C)** Representative trace of FLIPR assay in HEK293 cells expressing WT- and D1152H-CFTR at 37  $^{\circ}$ C. **(D)** Bar graph shows the summary (mean  $\pm$  SD) of the maximal response to FSK activation from four independent experiments (four technical replicates each experiment) (\*\*  $p < 0.01$ ). **(E)** Representative trace of chloride efflux in D1152H-CFTR and exon10del/ D1152H-CFTR using the fluorometric imaging plate reader membrane depolarization assay in HEK293 cells at 37  $^{\circ}$ C. Following 5 min baseline measurement, 10 $\mu$ M FSK +/- 1  $\mu$ M ivacaftor was added. After 10 min incubation, CFTR inhibitor (CFTRinh-172, 10  $\mu$ M) was added to deactivate CFTR. **(F)** Bar graph shows the mean ( $\pm$ SD) of the maximal FSK activation from four independent experiments. There was a statistical difference between D1152H and D1152H exon10del (\*\*\*\*  $p < 0.0001$ ) but not between FSK and FSK+ivacaftor (VX-770) or FSK+tezacaftor+ivacaftor treated D1152H/exon10del HEK293 cells.



**Figure S2.** Individual lung function (FEV1pp) measurements from D1152H/D1152H patient over time. The graph shows the lung function measure FEV1pp, which measures the forced expiratory volume in one sec as percent predicted, of the D1152H homozygous patient over a period of 17 years. In contrast to classic CF patients there is no decline of this parameter over time.