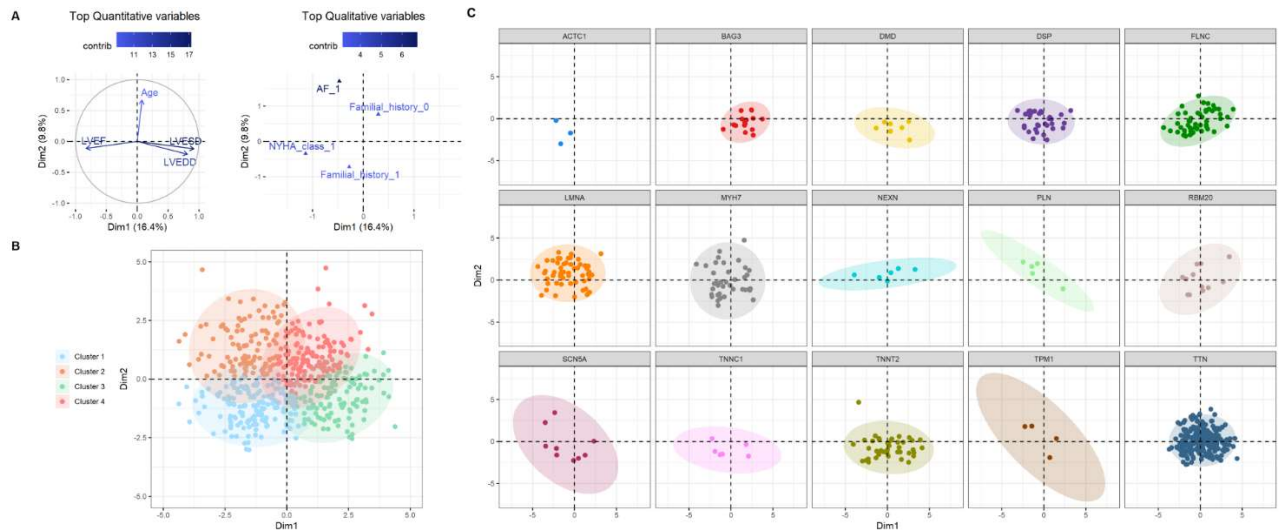
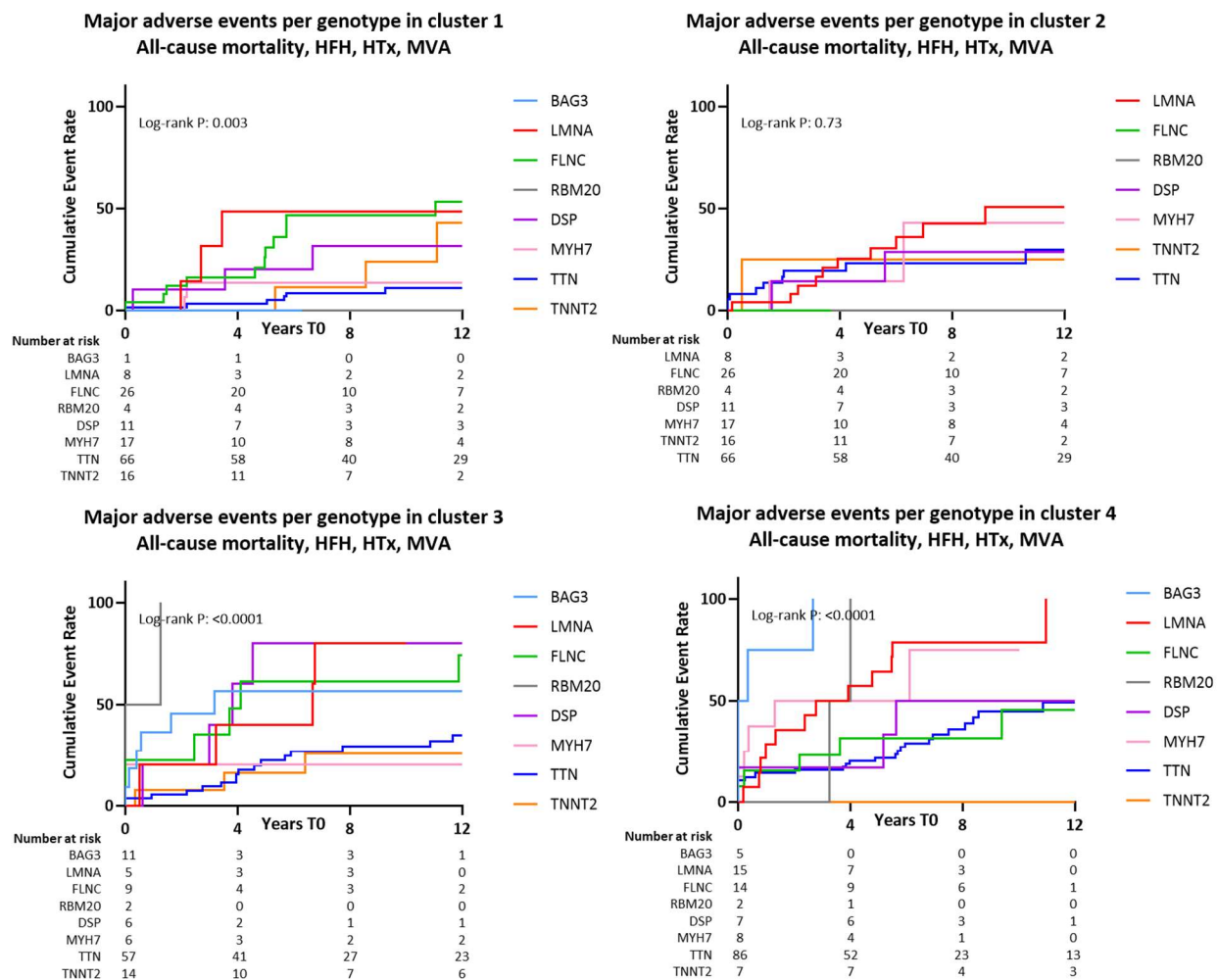


Supplemental figures and tables

Supplemental Figure 1: A. Top variables that gave the most contribution to the principle components, quantitative (continuous) and qualitative (categorical) variables respectively, are projected to the FAMD principle components. **B.** Cluster plot from factor map, individual samples coloured by pheno-clusters projected on the FAMD principle components. **C.** Factor map of genotype, individual samples of each genotype projected on the FAMD principle components are presented in own panel.



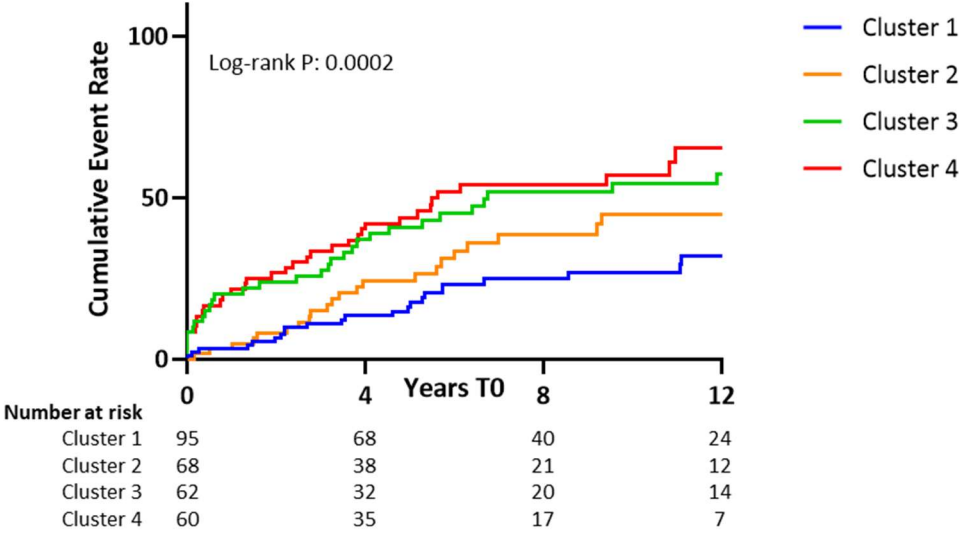
Supplemental Figure 2: Cumulative event rates per genotype in each of the four clusters. Event rates for major adverse events (all-cause mortality, heart failure hospitalization (HFH), heart transplantation (HTx), and malignant ventricular arrhythmias (MVA)), heart failure events (HFH and HTx) or arrhythmogenic event (MVA).



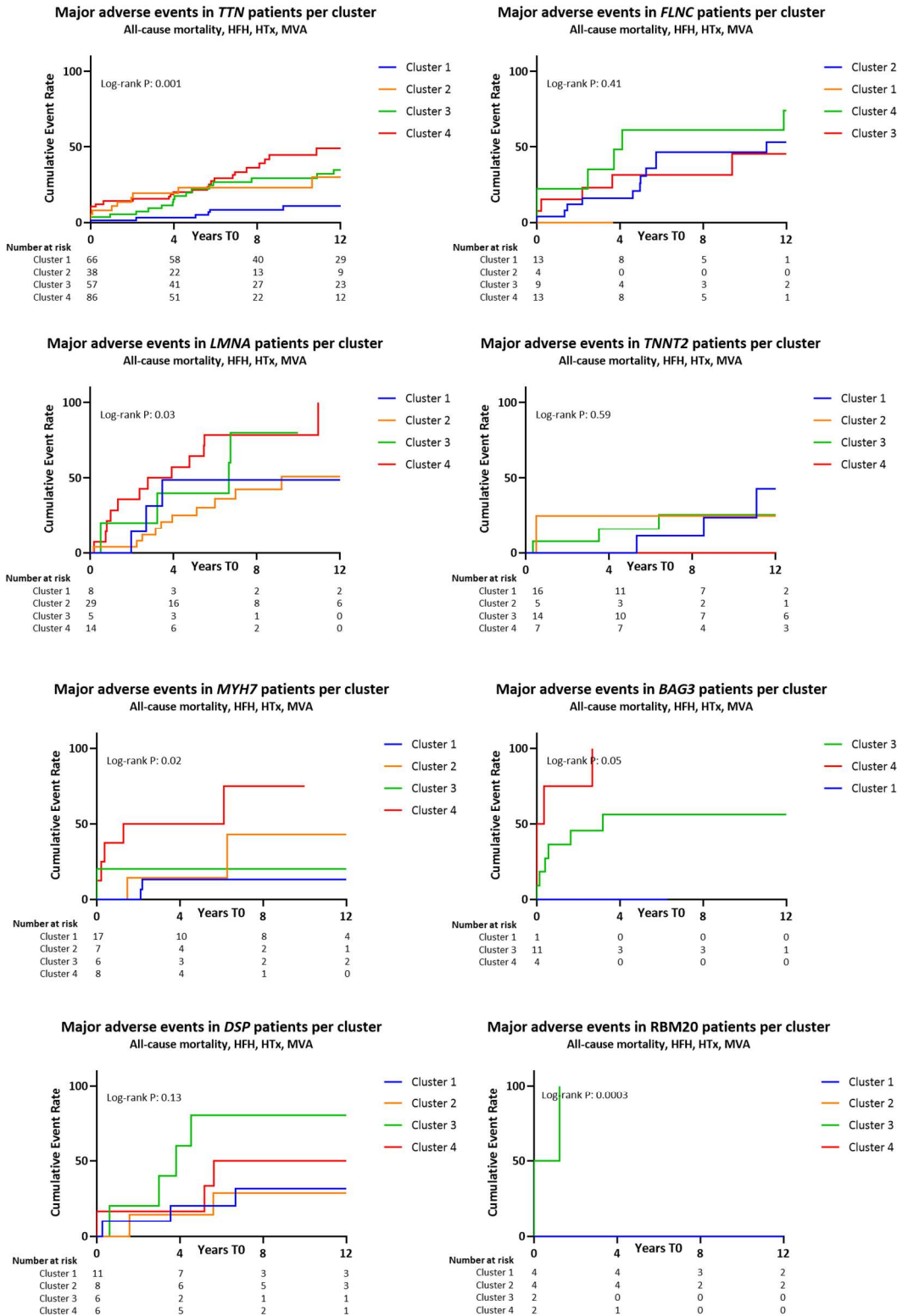
Supplemental Figure 3: Cumulative event rates per cluster after removing the *TTN* patients from each cluster. Event rates for major adverse events (all-cause mortality, heart failure hospitalization (HFH), heart transplantation (HTx), and malignant ventricular arrhythmias (MVA)), heart failure events (HFH and HTx) or arrhythmogenic event (MVA).

Major adverse events per cluster without TTN patients

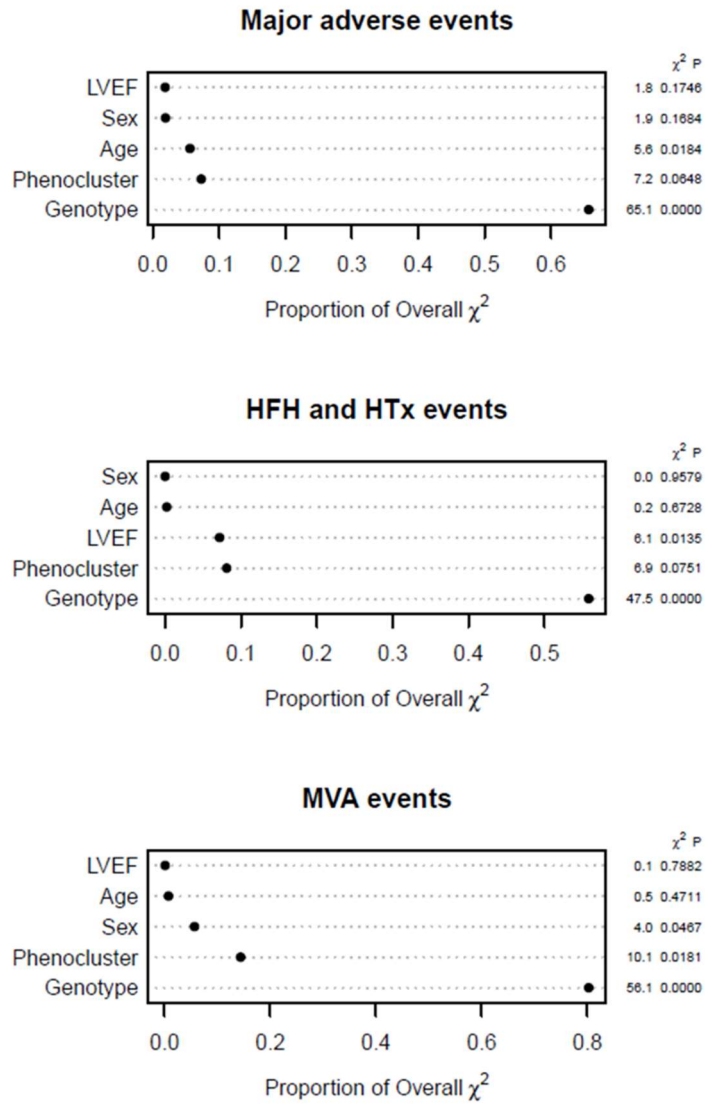
All-cause mortality, HFH, HTx, MVA



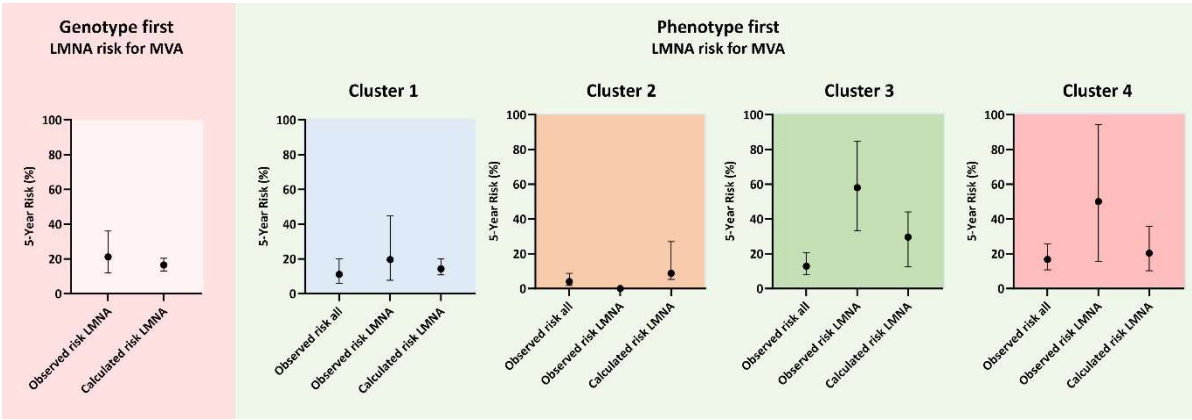
Supplemental Figure 4: Cumulative event rates per cluster in each of the genotypes. Event rates for major adverse events (all-cause mortality, heart failure hospitalization (HFH), heart transplantation (HTx), and malignant ventricular arrhythmias (MVA)), heart failure events (HFH and HTx) or arrhythmogenic event (MVA).



Supplemental figure 5: Relative contribution of genotype, phenocluster, and clinical variables to outcome prediction in genetic DCM patients using cox proportional hazards models. Plots showing non-imputed predictions for major adverse events (all-cause mortality, heart failure hospitalization (HFH), heart transplantation (HTx), and malignant ventricular arrhythmias (MVA)), heart failure events (HFH and HTx) or arrhythmogenic event (MVA).



Supplemental Figure 6: Comparing the genotype- and phenotype first approached for the five-year observed and calculated risk for malignant ventricular arrhythmias (MVA) in *LMNA* patients utilizing the *LMNA* risk score for MVA.



Supplemental Table 1: Number of events per cluster per genotype for major adverse events and malignant ventricular arrhythmias (MVA).

	Cluster 1		Cluster 2		Cluster 3		Cluster 4	
	Major adverse events	MVA	Major adverse events	MVA	Major adverse events	MVA	Major adverse events	MVA
Total	30	11	34	13	49	25	62	18
ACTC1	0	0	-	-	-	-	-	-
BAG3	0	0	-	-	6	3	4	1
DMD	0	0	-	-	3	2	1	0
DSP	3	2	2	1	5	5	3	1
FLNC	11	6	0	0	6	2	5	0
LMNA	4	0	13	7	4	2	12	7
MYH7	2	0	2	0	2	0	5	0
NEXN	-	-	1	1	-	-	2	0
PLN	-	-	4	1	1	1	-	-
RBM20	0	0	0	0	2	1	2	1
SCN5A	1	1	1	0	0	0	-	-
TNNTC1	0	0	0	0	0	0	-	-
TNNT2	3	0	1	0	3	0	0	0
TPM	-	-	1	0	0	0	0	0
TTN	6	2	9	3	17	9	28	8