Supplementary Table 1. Percentage of participants who exhibited specific patterns of remission and relapse.

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Diagnosis N</th>
<th>Never seized, before or during study</th>
<th>No history of seizures, but seizures started during study, and then:</th>
<th>History of seizures before study, not seizing at study start (1st remission), and then:</th>
<th>History of seizures before study, continued seizing at study start, and then:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>had 1st remission</td>
<td>had 1st relapse</td>
<td>had 2nd remission</td>
<td>had 2nd relapse</td>
</tr>
<tr>
<td>Classic Rett syndrome female</td>
<td>915</td>
<td>30.8%</td>
<td>3.6%</td>
<td>1.1%</td>
<td>0.9%</td>
</tr>
<tr>
<td>Atypical mild Rett syndrome female</td>
<td>78</td>
<td>44.9%</td>
<td>1.3%</td>
<td>1.3%</td>
<td>1.3%</td>
</tr>
<tr>
<td>Atypical severe Rett syndrome female</td>
<td>81</td>
<td>22.2%</td>
<td>6.2%</td>
<td>1.2%</td>
<td>6.2%</td>
</tr>
<tr>
<td>MECP2 mutation female without clinical Rett syndrome</td>
<td>42</td>
<td>69.0%</td>
<td>2.4%</td>
<td>2.4%</td>
<td></td>
</tr>
<tr>
<td>MECP2 duplication female</td>
<td>8</td>
<td>87.5%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CDKL5</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Classic Rett syndrome male</td>
<td>1</td>
<td>100.0%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Atypical severe Rett syndrome male</td>
<td>1</td>
<td>100.0%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MECP2 mutation male without clinical Rett syndrome</td>
<td>20</td>
<td>40.0%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MECP2 duplication male</td>
<td>28</td>
<td>50.0%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Not all participants had complete historical data, therefore n is less than total n in study.

CDKL5 = cyclin-dependent kinase-like 5; MECP2 = Methyl-CpG Binding Protein 2 gene