INTRODUCTION
• Externalizing behavior problems are elevated in ASD, but the biological and genetic mechanisms that influence externalizing severity in ASD are not well understood (Bauminger et al., 2010; Ibrahim et al., 2019; Limb et al., 2017).
• Case series have noted elevated externalizing problems among individuals with mutations in specific ASD-associated genes (e.g., Siper et al., 2017), but rates and predictors of externalizing behavior have not yet been systematically reported or compared across gene groups.
• Individuals with mutations in ASD-associated genes may exhibit risk factors for increased externalizing behavior, such as elevated ASD symptoms, adaptive behavior deficits, and gastrointestinal problems (Beighley et al., 2019; Hartley et al., 2009; Jiang et al., 2011; Kurtz-Nelson et al., 2020; Nechaus et al., 2018).
• The goal of this study was to examine externalizing problem severity across ASD-associated gene groups after controlling for demographic, clinical and medical factors associated with externalizing problems in ASD.

METHOD
• 196 individuals (mean age = 7.25 years, 51% female) with a disruptive mutation to one of 14 ASD-associated genes were drawn from an ongoing genetics-first study at the University of Washington (TIGER) and from the Simons Variation in Individuals Project (Simons VIP Consortium, 2012).

Measures:
• Child Behavior Checklist, Externalizing T-score (Achenbach & Rescorla, 2001)
• Vineland-II or Vineland-III (Sparrrow et al., 2005; Sparrow et al., 2016), the Social Responsiveness Scale-II (Constantino & Gruber, 2012)
• Medical history interview
• One-way ANOVA conducted to compare externalizing severity across gene groups; one-way ANCOVA conducted to determine whether cross-gene differences remained significant after controlling for age, adaptive behavior, ASD symptom severity, and GI problems (severe constipation or diarrhea).

RESULT
• Externalizing severity significantly differed across gene groups, $F(13, 182) = 4.20, p < .001$.
• Remained significant after controlling for ASD symptom severity, adaptive behavior, age, and GI problems, $F(13, 113) = 2.68, p = .003$.

DISCUSSION
• Externalizing problem severity varies significantly across ASD-associated mutation groups.
• Elevated externalizing problems in FOXP1 consistent with recurrent case reports of clinically significant aggression and mood lability (Hamidan et al., 2010; Sills et al., 2016).
• Tantrums and aggression reported in majority of published ADNP case series (Vian Dijk et al., 2019), with some reports of severe disruptive behavior (Shingleton et al., 2020).
• Externalizing problems may be characteristic of ADNP and FOXP1 haploinsufficiency, but additional research needed on mechanisms, topography, and function.
• Behavior problems commonly reported in PACS1 case series (Schuurstra-Hoogmakers et al., 2016), but not elevated when compared to other individuals with ASD-associated mutations, highlighting the importance of cross-gene comparisons.