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Supplemental information

Comprehensive epigenomic profiling reveals

the extent of disease-specific chromatin states and informs target discovery in

ankylosing spondylitis

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Z-score

Figure S1: Cell-type specific gene expression highlights differential genes and pathways in AS. Related to Figure 1.

(A) Purity of CD4+ T cells, CD8+ T cells and monocytes following isolation from PBMC. Cells were stained with antibodies against CD3 in combination with CD4 (left), CD8 (centre) or CD14 (right) and analysed by flow cytometry to demonstrate >95% purity of isolated cell populations.

(B) Examples of cell type-specific gene expression from RNA-seq analysis (TLR4 highly expressed in in monocytes and CD3G in T cells).

(C) PCA showing distribution of gene expression in AS patients and HC in each cell type.

(D) Enriched pathways in KEGG database (padj < 0.01 from XGR output) from significant differentially expressed genes in each cell type. Size of dot represents percentage of genes represented in that pathway, colours represent cell types.

(E) Bulk cell population composition of CD4+ T cells, CD8+ T cells and monocytes determined via deconvolution of bulk RNA-seq data using CIBERSORTx. T central memory, TCM; T effector, TEFF; T effector memory, TEM; Regulatory T cell, Treg; High mitochondrial content, mitohi; T effector memory expressing CD45RA, TEMRA; classical monocytes, cMono; non-classical monocytes, ncMono.



Figure S2: Epigenomic marks are cell-type specific and have expected genomic distribution. Related to Figure 2.

(A) TSS enrichment scores for ATAC-seq and ChIPm (H3K4me3 and H3K27ac) samples in CD4+ T cells, CD8+ T cells and monocytes. Boxes represent the 25th and 75th percentile, the centre line represents the median. Upper and lower whiskers represent values with 1.5x the inter-quartile range.

(B) Genomic distribution of ATAC-seq, ChIP (H3K4me3 and H3K27ac) and eRNA peaks across all three cell types (generated with ChIPseeker).

(C) PCA showing distribution of ATAC-seq, ChIPm (H3K4me3 and H3K27ac) and eRNA peaks in AS patient and HC samples in each cell type (CD4+ T cells, CD8+ T cells and monocytes).

(D) TSS enrichment score of ATAC-seq and ChIPm (H3K4me3 and H3K27ac) peaks per ranked gene expression level of nearest gene. Boxes indicate the 25th and 75th percentile; whiskers indicate 1.5x the inter-quartile range. The centre line represents the median. P values calculated by Student's t-test between groups: *p < 0.05; **p < 0.01; ***p < 0.001; ****p < 0.0001.



Figure S3: ChromHMM signatures are cell-type specific and differentiate AS patients and HC in monocytes. Related to Figure 3.

(A) MCA showing distribution of ChromHMM states across three cell types.

(B) Results of permutation analysis of AS-HC differences in ChromHMM state 10 for each cell type. The plot shows the number of significantly different states between AS and HC for each permutation (i.e. density). The experimentally observed frequency is shown with a red dashed line, and p value is indicated for each cell type. Significant p values are also indicated in Figure 3C.

(C) MCA showing distribution of individual ChromHMM states in monocytes, comparing AS patients and HC.

(D) Directionality of state transitions between equivalent genomic fragments in AS patients and HC in monocytes. Circle circumference represents the number of differential ChromHMM fragments (one tick = 200 fragments). Colours are consistent with Figure 3A. Left plot shows fragments present in 4 AS patients (upper half) and the state of that equivalent fragment in HC (bottom half). Right circle shows fragments present in 4 HC (upper half) and the state of the equivalent genomic fragment in AS patients (bottom half).

(E) Monocyte cell composition determined using flow cytometry. Representative plot from one individual (left panel); quantitation



Figure S4: ChromHMM marks are enriched at AS-associated GWAS loci excluding the MHC in CD4+ T cells, CD8+ T cells and monocytes. Related to Figure 4.

Associated SNPs were included from Cortes et al9 with association p value thresholds as indicated. ChromHMM state from model in Figure 3. OR, Odds Ratio. ***p<0.001, **p<0.01, *p<0.05.



Figure S5: Enhancer-gene interactions at the *RUNX3* locus. Related to Figure 5 and Table 1.

Visualisation of interactions between AS-associated SNPs and the promoter of RUNX3.



Figure S6: Enhancer-gene interactions at the *IL18RAP* locus. Related to Figure 5 and Table 1.

Visualisation of interactions between AS-associated SNPs and the promoter of IL1RL2 and IL18RAP.





Figure S7: Enhancer-gene interactions at *the ITGA4* locus. Related to Figure 5 and Table 1.

Visualisation of interactions between AS-associated SNPs and the promoter of ITGA4.



Figure S8: Enhancer-gene interactions at the *IL7R* locus. Related to Figure 5 and Table 1.

Visualisation of interactions between AS-associated SNPs and the promoter of IL7R.

CaptureC Region: PTGER4



Figure S9: Enhancer-gene interactions at the *PTGER4* locus. Related to Figure 5 and Table 1.

Visualisation of interactions between AS-associated SNPs and the promoter of PTGER4.

Capture-C

CaptureC Region: BACH2



Figure S10: Enhancer-gene interactions at the BACH2 locus. Related to Figure 5 and Table 1.

Visualisation of interactions between AS-associated SNPs and the promoter of BACH2.



Figure S11: Enhancer-gene interactions at the *ETS1* locus. Related to Figure 5 and Table 1.

Visualisation of interactions between AS-associated SNPs and the promoter of ETS1.



Figure S12: Enhancer-gene interactions at the ERN1 locus. Related to Figure 5 and Table 1.

Visualisation of interactions between AS-associated SNPs and the promoter of ERN1.

CaptureC Region: ETS2



Figure S13: Enhancer-gene interactions at the *ETS2* locus. Related to Figure 5 and Table 1.

Visualisation of interactions between AS-associated SNPs and the promoter of ETS2.

Capture-C



Figure S14: Enhancer-gene interactions at the *LMO2* control locus. Related to Figure 5 and Table 1.

Visualisation of interactions between a known enhancer and the promoter of *LMO2*.



Figure S15: Incorporation of disease-specific data improves target discovery. Related to Figure 6.

(A) Performance of Pi algorithm on the basis of including each predictor type.

(B) Manhattan plot showing top 60 genes ranked by priority rating following inclusion of AS-specific data.

(C) Pathway analysis on the top 1% of Pi ranked genes using the Reactome database (padj < 0.05). Size of dots represents the percentage of overlapping genes in that pathway; only those with >10% overlap are shown.

		AS	НС
Total number		20	35
Age (years)	Mean (range)	45 (28-74)	43 (21-67)
Sex (male)	N (%)	15 (75%)	17 (49%)
HLA-B27 (+)	N (%)	17 (85%)	5 (25%) ^b
Disease duration (months)	Mean (range)	128 (9-456)	N/A
BASDAI (units NRS)	Mean +/- SD	5.9 +/- 1.7	N/A
ASDAS-CRP	Mean +/- SD	3.2 +/- 1.1	N/A
CRP, mg/L	Mean +/- SD	13.5 +/- 22.8	N/A
Axial manifestation of SpA	N (%)	20 (100%)	0 (0%)
Peripheral articular manifestations • Peripheral arthritis	N (%)	8 (40%)	0 (0%)
Extra-articular manifestations			
PsoriasisUveitisInflammatory BowelDisease	N (%) N (%) N (%)	3 (15%) 5 (25%) 1 (5%)	0 (0%) 0 (0%) 0 (0%)
Other comorbidities ^a			
 Cancer Fracture Vertebral fracture Autoimmune Thyroid Disease 	N (%) N (%) N (%) N (%)	1 (5%) 6 (30%) 1 (5%) 1 (5%)	0 (0%) 0 (0%) 0 (0%) 0 (0%)
Drugs (current)			
NSAIDscsDMARDsGlucocorticoids	N (%) N (%) N (%)	12 (60%) 3 (15%) 0 (0%)	0 (0%) 0 (0%) 0 (0%)
Family history			
ASOther autoimmune disease	N (%) N (%)	7 (35%) 7 (35%)	Unknown Unknown

Table S1: Clinical information for AS patients (AS) and HC. Related to Figure 1 and STAR Methods.

^a No incidences of aortic disease, atlantoaxial subluxation, coeliac disease, dermatomyositis, fibrotic lung disease, haemolytic anaemia, heart block, multiple sclerosis, myasthenia gravis, pemphigus vulgaris, pernicious anaemia, scleroderma, systemic lupus erythematosus, type 1 diabetes, vitiligo.

^b Not all HC have imputed B27, percentage is calculated on 20 HC that have genotyping. BASDAI, Bath Ankylosing Spondylitis Disease Activity Index; NRS, Numerical Rating Scale; ASDAS, Ankylosing Spondylitis Disease Activity Score; CRP, C-Reactive Protein; SpA, Spondyloarthropathy; NSDAIDs, Non-Steroidal Anti-Inflammatory Drugs; csDMARDs, Conventional Synthetic Disease-Modifying Antirheumatic Drugs.

Supplemental References

- S1. Cortes A., Hadler J., Cremin K., Pryce K., Harris J., Pointon J.P., Evans D.M., Leo P., Robinson P., Bradbury L.A., et al. (2013). Identification of multiple risk variants for ankylosing spondylitis through high-density genotyping of immune-related loci. Nat Genet. 45, 730–738.
- S2. van de Bunt M., Cortes A., Consortium I., Brown M.A., Morris A.P., McCarthy M.I. (2015). Evaluating the Performance of Fine-Mapping Strategies at Common Variant GWAS Loci. PLoS Genet. 11, e1005535. 10.1371/journal.pgen.1005535
- S3. Ellinghaus D., Jostins L., Spain S.L., Cortes A., Bethune J., Han B., Park Y.R., Raychaudhuri S., Pouget J.G., Hübenthal M., et al. (2016). Analysis of five chronic inflammatory diseases identifies 27 new associations and highlights disease-specific patterns at shared loci. Nat Genet. 48, 510. 10.1038/ng.3528