

Supplementary information- Fackler et al, Genome-wide methylation analysis identifies genes specific to breast cancer hormone receptor status and risk of recurrence

SUPPLEMENTARY MATERIALS AND METHODS

Genomic DNA extraction, sodium bisulfite conversion and quality assurance: DNA extractions and proteinase K treatment of fresh frozen tissues were performed as described previously and according to manufacturer's directions: Sodium bisulfite conversion of DNA was done with the EZ DNA methylation Kit (Zymo Research, D5002). Purified DNA 2 µg or lysate from 6-8 tissue sections (10 µm thick) was mixed with 7.5 µl M-dilution buffer in a final volume of 42.5 µl and incubated at 42°C 30 min. Conversion was accomplished after the addition of 97.5 µl CT Conversion Reagent (prepared by adding 750 µl water and 185 µl M-dilution buffer to a vial of CT Conversion Reagent intended for 10 reactions) and samples were incubated in a thermocycler overnight (95°C 30 sec, 50°C 1 hr, 16 cycles). Bisulfite-converted DNA was column-purified using a ZymoSpin IC column and eluted in 12 ul of water. DNA was quantified using a Nanodrop-1000 and 1µl of a 1:5 dilution of DNA was tested to insure amplification potential with a panel of markers developed for QM-MSP which overlap array CpG loci (e.g. AKR1B1, Figure 5D). Any sample that amplified poorly was not used.

Illumina Infinium Human Methylation27 BeadChip

Bisulfite-converted DNA was analyzed using Illumina Infinium Human Methylation27 BeadChip Kit (WG-311-1202) in the DNA Microarray Core, Johns Hopkins University. The BeadChip contains 27,578 CpG loci covering more than 14,000 human RefSeq genes. The methylation of a single CpG is detected with two bead type probes per CpG (recognizing U = unmethylated, and M = methylated DNA) at single-base resolution by using primer extension with a labeled nucleotide in single color. For array, samples were adjusted to 75 ng/µl with water and 4 µl was processed according to manufacturer's directions. Data were extracted using GenomeStudio Methylation Module v1.0 software. The methylation value for each 50 bp CpG locus is expressed as a β -value, representing a continuous measurement from 0 (completely unmethylated) to 1 (completely methylated) according to the following calculation: β value =

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$(\text{signal intensity of M probe})/[(\text{signal intensity of M + U probes}) + 100]$; the average β -value is based on the average intensity of all U and M CpG probes for a given locus. Probe performance is reported as the p-detection value, reflecting the extent of variation among replicates of a single bead type. Only loci with p-detection values < 0.0001 were considered. As controls for normal and tumor samples, we used replicate samples of a normal breast organoid (ORG) and a breast cancer cell line MDA-MB-231, (provided by NCI as the ICBP45 breast cancer cell line set through ATCC) with a highly methylated genome.

Test of array reproducibility

Additional replicate samples (two groups of 4 samples each) were used to assess assay reproducibility. Two identical aliquots each of MDA-MB-231 cell line DNA and of ORG DNA were processed independently through sodium bisulfite conversion. Two unrelated tumor samples were microdissected using laser capture, processed to completion with sodium bisulfite and then halved. This resulted in 2 identical groups of 4 samples, MDA-MB-231, ORG, Tumor1 and Tumor 2. The 8 samples were run together on a HumanMethylation27BeadChip then analyzed. Results showed excellent correlation between groups of samples ($r^2=0.991$; Supplementary Figure 1A)

Data analysis

T-tests, ANOVA, Wilcoxon rank sum tests and chi-squared tests were used to identify significant association between methylation and such covariates as tumor subtype and ER status. Cox regression was used to model associations between methylation levels and time to recurrence, in the presence of relevant clinical covariates. Associations to binary outcomes were modeled using logistic regression. Where possible, we have used empirical Bayes linear models(1) in place of standard t-tests, ANOVA and linear regressions. These methods use modified estimates of variance to reduce false positive rates in the analysis of microarray data. Data were also analyzed using GenomeStudio software (Illumina, Inc., San Diego, CA), Bioconductor

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in R (<http://www.bioconductor.org>), and GraphPad Prism v5.02 (GraphPad Software, San Diego, CA; <http://www.graphpad.com>). For differential analysis, results are reported as DiffScore within GenomeStudio Methylation module, after computing for false discovery (rate 0.05). To convert DiffScore to adjusted p-value: $p\text{-value} = 1 / [10^{(ABS(DiffScore)/(10))}]$, where p-value of 0.05 is equal to a DiffScore of +/-13, p-value of 0.01 is equal to a DiffScore of +/-20, and p-value of 0.001 is equal to a DiffScore of +/-30. Methylation Score derivation: We derived a methylation score for ER-subtype specific markers by calculating the average methylation over all 40 probes, after standardizing the data for each CpG locus by subtracting its mean methylation and dividing by its standard deviation. Hypermethylation at some loci was associated with the ER-positive phenotype while other loci were hypermethylated in the ER-negative samples, so standardized methylation levels for the latter loci were multiplied by -1, so that all 40 genes would vote in the same direction.

QM-MSP (Quantitative-Multiplex Methylation-Specific PCR)

Details of this method have been reported previously (2-4). Briefly, sodium bisulfite converted template DNA is pre-amplified by PCR with gene-specific forward and reverse primers, hybridizing to regions lacking CpG residues and up to 12 genes are co-amplified with amplicons ranging to 300 bp. QM-MSP primers were designed to overlap array CpG loci. An aliquot of this reaction is diluted between 1:5 and 1:10,000 with water and then used as template for real-time methylation-specific PCR which was performed on an Applied Biosystems 7500 system. Separately for each gene, the copy number of methylated and unmethylated alleles is determined by absolute quantitation in a single well using two-color fluorescent labeling. The relative amount of methylation is calculated as $\% M = 100 \times [\text{no. of copies of methylated DNA} / (\text{no. of copies of methylated} + \text{unmethylated DNA})]$. Cumulative methylation of a panel of genes is calculated as the sum of the % of each gene, where 10 genes in a panel would have a maximal possibility of 1000 cumulative methylation units per sample. Concordant quantitative

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methylation levels are observed between the Human Methylation27 BeadChip array and QM-MSP on primary tumors for AKR1B1 (Figure 4C). AKR1B1 primers and probes: AKR1B1_F_Ext: gYGtaattaattagaagggttttt, AKR1B1_R_Ext: aacacctaccttccaaatac, AKR1B1_FM: gCGCGttaatCGtaggCGttt, AKR1B1_RM: cccaataCGataCGacctaac, AKR1B1_FUM: TGgTGTGttaatTGtaggTGtttt, AKR1B1_RUM: cccaataCAataCAaccttaacC, AKR1B1_M_Probe: VIC- CGtacctttaaataaccCGtaaaatCGa-TAMRA, and AKR1B1_U_Probe: 6FAM- ACAtacctttaaataaccCAtaaaatCAac-TAMRA.

SUPPLEMENTARY FIGURE LEGENDS

Supplementary Figure 1: Distribution of methylation in primary invasive breast tumors compared to normal breast tissue. A. Performance of the HumanMethylation27 array was assessed by evaluating duplicate groups of 3 primary tissue samples, and one cell line, MDA-MB-231. High level of reproducibility was observed with $r^2=0.991$ for 27549 probes with detection p-value <0.0001 . B. The distribution of CpG methylated loci in tumors (left; mean = $0.42 \pm .21$) and normal breast (right; mean = $0.39 \pm .26$) is shown for 8374 probes which varied in methylation above SD = 0.100 among tumor samples ($n = 103$). Of these 8374 locus probes (Y-axis), methylation levels (beta value; x-axis) ≥ 0.15 were observed for 7539 probes in tumor and 6032 probes in normal breast, indicating that methylation is not limited to breast cancer for most of the probes. C. Array based methylation levels in primary invasive breast tumor were further compared to that of normal breast by calculating the ratio of median methylation across tumor samples ($n=103$) divided by median methylation values found in normal samples ($n =15$) at each locus. For display on the X-axis, ratio results were transformed by $\log(10)$ and divided into 100 bins (loci having the highest T/N methylation ratio at far right on the X-axis). The number of loci at each bin is plotted on the Y-axis. Of 8374 CpG array loci, 5334 loci were found

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more highly methylated in the cancer group compared to normal breast and 3042 loci were found more highly methylated in the normal breast group compared to cancer.

Supplementary Figure 2: Loci Specifically Hypermethylated in ER subtypes of Breast Cancer.

Individual samples are shown on the X axis, methylation (β -value) is shown on the Y-axis for the discovery set (n = 103 tumors; left) and the validation set (n = 50 tumors; right). ER-negative and ER-positive samples are as indicated. This figure is a continuation of manuscript Figure 3.

Supplementary Figure 3: Additional CpG Loci Associated with Breast Cancer Recurrence.

CpG loci were identified which were associated with a higher rate of recurrence when methylated in primary tumors. Kaplan-Meier plots indicate the 32 CpG loci showing the strongest associations between hypermethylation and high rate of disease progression among 82 tumors. Recurrence was observed as distant metastases and/or death from breast cancer at least 6 months after and within 5 years of diagnosis for 7/41 ER-positive (dashed line), and 11/41 ER negative tumors (solid line). High (red line) and low (blue line) methylation was defined relative to the median methylation level for a given CpG loci within ER subtype. This figure accompanies Figures 4A and 4B. Since the differential methylation analysis was designed in such a way to find loci most highly methylated in recurrent tumors, we did not observe hypomethylated loci associating with recurrence.

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