Additional data file 1

An integrative pan-cancer-wide analysis of epigenetic enzymes reveals universal patterns of epigenomic deregulation in cancer

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This document contains Supplementary Methods, Figures and Tables.

SUPPLEMENTARY METHODS

Collection and definition of an Epigenetic Enzyme (EE) gene list:

We used two excellent recent reviews $1, 2$ $1, 2$, as well as an additional literature search, to collate genes with roles in shaping the epigenome. Specifically, we collated genes encoding chromatin modification and remodelling enzymes, genes involved in the DNA methylation and/or DNA-demethylation pathways, genes involved in histone modification, and genes involved in nucleosome positioning. A total of 212 chromatin modification/epigenetic enzyme genes, including all main writers, readers, erasers and editors of the epigenome, from more than twenty gene families were collected (**Table S1**). Throughout this manuscript we refer to this class of 212 genes, generally as Epigenetic Enzymes (EE). Among the represented gene families were DNA (cytosine-5-)-methyltransferases (DNMTs), Methyl-CpG-Binding Proteins (MBDs), Isocitrate dehydrogenases (IDHs), Ten-eleven translocation methylcytosine dioxygenases (TETs), Zinc finger and BTB domain containing (ZBTBs), Histone deacetylase (HDACs), Histone acetyltransferases (HATs), lysine (K)-specific methyltransferase (KMTs),

protein arginine N-methyltransferase (PRMTs), lysine (K)-specific demethylase (KDMs) and chromodomain helicase DNA binding protein (CHDs) (see **Table S1** for full list**).**

Gene expression data (TCGA):

RNA-SeqV2 level-3 expression data, quantified as RSEM (RNA-Seq by Expectation-Maximization) were downloaded from The Cancer Genome Atlas (TCGA). We downloaded the data for 10 cancer types that had profiled sufficient numbers of cancer samples at both RNAseq and DNA methylation levels (**Table S2**). This included breast invasive carcinoma (BRCA)^{[3](#page-29-2)}[,](#page-29-4) bladder cancer (BLCA)⁴, colon adenocarcinoma (COAD)⁵, head and neck squamous cell carcinoma (HNSC)^{[6](#page-29-5)}[,](#page-29-6) kidney renal carcinoma (KIRC)⁷, liver hepatocellular carcinoma (LIHC)⁸[,](#page-29-7) lung adenocarcinoma (LUAD)⁹[,](#page-29-8) lung squamous cell carcinoma (LUSC) 10 10 10 , thyroid carcinoma (THCA) 11 11 11 and uterine corpus endometrial carcinoma (UCEC) 12 12 12 . The level-3 RNA-Seq data was processed further as follows: (i) zero-valued entries were replaced by the minimal positive value of the dataset, (ii) expression values were then logarithmically transformed (base 2) in order to regularize the data. Inter-sample variability and quality of the data was assessed using Singular Value Decompositions (SVD) 13 13 13 , by checking that the top component of variation correlated with normal/cancer status. Before applying the SVD, the log transformed expression values were first centered so that each gene had a mean zero across all samples. The number of significant components of variation was then inferred by using Random Matrix Theory [14](#page-30-4). The significant components of variation were correlated to phenotypic and technical factors to assess the relative contributions of biological and technical variables to data variability and represented in a P-value heatmap between components and factors.

DNA methylation data (TCGA):

For the 10 cancer types mentioned above, DNA methylation data generated with the Illumina Infinium HumanMethylation450 BeadChip array [15](#page-30-5) were downloaded from the TCGA data portal. The methylation level for each probe was obtained as the beta value, which was calculated from the intensity of methylated (M) and unmethylated (U) alleles: beta=Max(M,0)/[Max(M,0)+Max(U,0)+100]. The beta ranges from 0 (unmethylated) and 1(fully methylated). Probes with missing data in more than 70% of the samples were removed. The rest of probes with NA's were imputed using the k-nearest neighbors (knn) imputation procedure ^{[16](#page-30-6)}. Subsequently, BMIQ was used to correct for the type II probe bias ^{[17](#page-30-7)}. Data from each cancer type was then subjected to the same SVD quality control analysis, as done for gene expression.

Erlangen Illumina 450k breast cancer DNA methylation data:

Illumina 450k DNA methylation data for 30 normal samples (from healthy women), 21 normal samples adjacent to breast cancers, and 165 breast cancer samples were collected within the Bavarian Breast Cancer Cases and Controls Study 2. The Ethics Committee of the Medical Faculty, Friedrich-Alexander University approved the study (Re. No. 4514) and all patients gave written informed consent. The study was done in adherence to the Declaration of Helsinki. Data are available in GEO (accession number GSE69914 to be determined). Raw data files were processed using the minfi, impute and BMIQ/ChAMP Bioconductor packages.

Differential expression Meta-Analysis of EE genes across cancer

For each TCGA expression data set, we used moderated t-tests ^{[18](#page-30-8)} to assess differential expression (DE) of approximately 20000 genes between normal and corresponding cancer tissue, including the 212 EE genes. We note that we used all cancer samples and not just those with matched normal tissue. In view of the subsequent meta-analysis, we used relaxed nominal P-value thresholds of 0.05 to declare statistical significance in each individual TCGA data set. We counted the number of EE genes which showed significant and consistent (i.e. same directionality) differential expression across at least 8 of the 10 cancer/tissue types. To assess the overall statistical significance of these counts, we also estimated the proportions of all human genome genes with significant overexpression and underexpression in each TCGA data set, thus obtaining "null" probabilities of overexpression (upregulation, p_u) and underexpression (downregulated, p_d). We observed that these probabilities did not vary much between cancer types. Hence, we next estimated an average null probability for any given gene to be significantly upregulated or downregulated in cancer compared to normal tissue, by taking the average of the corresponding probabilities across all cancer types. These average null probability estimates were $\bar{p}_u \approx 0.32$ and $\bar{p}_d \approx 0.34$. We then estimated the null probability that any given gene would be significantly upregulated (downregulated) in at least 8 of the 10 cancer types, using the Binomial formula:

$$
p(nUP \ge 8) = \sum_{k=8}^{10} \frac{10!}{k! (10-k)!} \bar{p}_u^k (1 - \bar{p}_u)^{10-k}
$$

$$
p(nDN \ge 8) = \sum_{k=8}^{10} \frac{10!}{k! (10-k)!} \bar{p}_d^k (1 - \bar{p}_d)^{10-k}
$$

This yielded values of $p(nUP \ge 8) \approx 0.003$ and $p(nDN \ge 8) \approx 0.004$. Finally, given a pool of 212 random genes we can estimate the expected number which would be significantly

upregulated (downregulated) in at least 8 of the 10 cancer types. This is given by a Binomial distribution B(n,p) with (n=212,p=0.003) in the case of upregulation, and (n=212,p=0.004) for the case of downregulation. We find that $E[nUP \ge 8] \approx 0.54(+0.73)$ and $E[nDN \ge 8]$ $8 \approx 0.89(\pm 0.94)$, i.e. effectively we would expect only 1 of 212 genes to be explained by random chance. Finally, using the Binomial distribution, we can estimate the statistical significance of the observed numbers of significant and consistently overexpressed and underexpressed EE genes. The observed numbers were 35 upregulated EE genes, and 27 downregulated EE's, which can't be explained by random chance (P=2e-53 for upregulated case, P=9e-33 for downregulated case).

Construction of Epigenetic Instability Indices: HyperZ and HypoZ

In order to investigate whether the aberrant expression of epigenetic enzymes in a given cancer is associated with changes in the DNA methylome of that cancer, we first calculated "Epigenetic Instability Indices" reflecting deviations in DNA methylation in a given cancer sample, as assessed relative to normal samples from the same tissue type. We decided to construct two such indices, called HyperZ and HypoZ, to account for the potentially distinct mechanisms driving cancer DNA hypermethylation and DNA hypomethylation. The indices were constructed as follows: all CpGs in the genome were classified into different regional classes, according to whether they fall into Open Sea, CpG Island or Shore/Shelve regions, respectively [19](#page-30-9). All CpG sites within a regional class were then grouped together into regional clusters, by using the boundedClusterMaker function of the *bumphunter* BioC package with a maximum cluster width of 1,500bp and a maximum gap of 500bp between any two neighboring CpGs [20](#page-30-10). The methylation level for each regional cluster was defined as the average beta value of the CpGs within that cluster. For a given cluster/region, labeled *r,* in a given tumour sample *s,* we then computed a Z-score, *Zrs* , reflecting the absolution deviation in DNA methylation of that region in the given cancer sample relative to all normal samples of the same tissue type. Specifically, let $\mu_r^{(N)}$ and $\sigma_r^{(N)}$ denote the mean and standard deviation of the DNA methylation level of the regional cluster r over all the normal tissue samples. Then Z_{rs} was defined as $Z_{rs} = \frac{\beta_{rs} - \mu_r^{(N)}}{f^{(N)}}$ $\frac{s-\mu_r}{\sigma_r^{(N)}}$. Since regional clusters mapping to promoter CGIs are usually unmethylated in normal tissue, we only consider clusters for which the Z-score in a given cancer sample is positive. Similarly, for open sea regional clusters, which are usually methylated in the normal tissue, we only consider clusters in a given cancer sample for which the Z-score is negative, although we enforce positivity to ensure that the absolute deviation is taken into account. Specifically, the HyperZ index for a given cancer sample *s* was obtained as

$$
HyperZ_s = \frac{1}{n_r} \sum_{r}^{n_r} Z_{rs} H(Z_{rs})
$$

where the summation is over all promoter CpG island clusters and where $H(z)$ denotes the Heaviside function: $H(z)=1$ if $z > 0$, $H(z)=0$ if $z \le 0$. Thus, only regions for which the Z-score is positive contribute to the index, and the positivity of the index is guaranteed by definition. Similarly, the HypoZ index for a given cancer sample was estimated as

$$
HypoZ_s = \frac{1}{n_r} \sum_{r}^{n_r} |Z_{rs}| H(-Z_{rs})
$$

where the summation is now over all open sea regional clusters. The term involving the Heaviside function ensures that only regions with negative scores, i.e. hypomethylation from the methylated state, contribute. Taking the absolute value of the Z-scores thus ensures that the index is always positive.

The HyperZ and HypoZ indices can be thought of as "epigenetic instability" indices in the sense that they measure global levels of absolute deviation in DNA methylation in a given cancer samples from a normal reference. The HyperZ index does so restricting to promoter CpG islands and hence measures the overall level of cancer hypermethylation of these regions, whereas the HypoZ index reflects the overall absolute level of cancer hypomethylation in open sea regions.

In this manuscript we also use an alternative definition of the HyperZ and HypoZ indices, whereby the average is computed only over genomic regions, r , for which the Z-score, Z_{rs} , is significant (P<0.05). This definition of the indices thus only uses significant regions. The correlation meta-analysis between RNA-seq of EE genes and the HyperZ/HypoZ indices, described below was performed using this latter definition of the indices, since for this definition, the HyperZ/HypoZ indices were less well correlated, thus the two indices contain less redundant or more complementary information.

Correlation Meta-Analysis of EE gene expression and Epigenetic Instability Indices

Pearson correlation analysis was used to assess whether the expression of EEs is correlated with the HypoZ-and HyperZ-index from matched tumor samples. It is key to emphasize here that these correlations were computed only over tumour samples with matched RNA-Seq and DNAm data. Pearson correlation coefficients (PCC) were transformed into Fisher Z-statistics $Z = 0.5 \log \frac{1+PCC}{1-PCC}$ from which P-values were then derived. Unadjusted P-values < 0.05 were deemed statistically significant. Once again the relaxed threshold was used because of the subsequent meta-analysis which would reassess statistical significance levels over all cancer

types together. To assess statistical significance in the meta-analysis, we computed for each TCGA data set, the fraction of genes (from all genes with RNA-Seq data) exhibiting significant positive and negative correlations with the HyperZ and HypoZ indices. This yielded 4 fractions/probabilities for each TCGA dataset, corresponding to positive correlations with HyperZ, negative correlations with HyperZ, positive correlations with HypoZ and negative correlations with HypoZ. From these fractions, we then computed an overall probability by averaging the corresponding probabilities over all cancer types. Denote these average probabilities as follows: \bar{p}_{uu} for the average probability that a random gene is positively correlated with the HyperZ index, \bar{p}_{du} for the average probability that a random gene is negatively correlated with the HyperZ index, \bar{p}_{ud} for the case of positive correlations with HypoZ, and \bar{p}_{dd} for the case of negative correlations with HypoZ. The specific estimates for these average probabilities were $\bar{p}_{uu} \approx 0.12$, $\bar{p}_{du} \approx 0.25$, $\bar{p}_{ud} \approx 0.16$ and $\bar{p}_{dd} \approx 0.25$.

We then estimated the null probability that any given gene would be significantly positively (negatively) correlated with HyperZ in at least 6 of the 10 cancer types, and similarly for HypoZ, using the Binomial formulas:

$$
p(nUU \ge 6) = \sum_{k=6}^{10} \frac{10!}{k! (10-k)!} \bar{p}_{uu}^k (1 - \bar{p}_{uu})^{10-k}
$$

$$
p(nDU \ge 6) = \sum_{k=6}^{10} \frac{10!}{k! (10-k)!} \bar{p}_{du}^k (1 - \bar{p}_{du})^{10-k}
$$

$$
p(nUD \ge 6) = \sum_{k=6}^{10} \frac{10!}{k! (10-k)!} \bar{p}_{ud}^k (1 - \bar{p}_{ud})^{10-k}
$$

$$
p(nDD \ge 6) = \sum_{k=6}^{10} \frac{10!}{k! (10-k)!} \bar{p}_{dd}^k (1 - \bar{p}_{dd})^{10-k}
$$

This yielded values of $p(nUU \ge 6) \approx 0.0004$, $p(nDU \ge 6) \approx 0.02$, $p(nUD \ge 6) \approx$ 0.002 and $p(DD \ge 6) \approx 0.02$. Finally, given a pool of 212 random genes we can estimate the expected number which would be significantly correlated (anti-correlated) with HyperZ or HypoZ in at least 6 of the 10 cancer types. This is given by a Binomial distribution $B(n,p)$ with n=212 and with p given by one of the four probabilities given above. We find that $E[nUU \ge 6] \approx 0.54(\pm 0.73)$ and $E[nDN \ge 8] \approx 0.89(\pm 0.94)$, i.e. effectively we would expect only 1 of 212 genes to be explained by random chance. Finally, using the Binomial distribution, we can estimate the statistical significance of the observed numbers of significant and consistently overexpressed and underexpressed EE genes. The observed numbers were 35 upregulated EE genes, and 27 downregulated EE's, which can't be explained by random chance (P=2e-53 for upregulated case, P=9e-33 for downregulated case).

Causal Network Modelling Meta-Analysis of EE genes

The differential expression meta-analysis and mRNA expression – HyperZ/HypoZ meta-analysis led to 18 EE genes, showing consistent differential expression and correlative patterns across cancer types. These 18 EE genes were then subjected to causal network modelling analysis in order to assess if the correlations of mRNA expression of these genes to the HyperZ/HypoZ indices is likely to be a direct effect, or if instead it is likely to be mediated by other factors (other EE genes or promoter DNAm levels of EE genes). Thus, the problem can be addressed by adopting a statistical method that can "silence" or remove correlations which are likely to be indirect. For this purpose, we used the framework of partial correlations/multivariate linear regressions ^{[21](#page-30-11)}. Specifically, we conducted two separately analyses, one centred on individual EE genes, and another, including all 18 EE genes in the model. In the first approach we estimated partial correlations between HyperZ/HypoZ and each EE gene's expression level using the promoter DNAm level of the EE gene as a covariate. This allowed us to assess if the correlation between HyperZ/HypoZ and EE gene expression is independent of the EE gene's DNAm promoter level. In the second approach, we used all other 17 EE gene expression as well as all 18 promoter DNAm levels as covariates, when estimating the partial correlation between a given EE gene's expression with either the HyperZ or HypoZ index. This allowed us to assess if the correlation of a EE gene's expression with HyperZ/HypoZ is not only independent of its promoter DNAm level, but also independent from the expression (and promoter DNAm) levels of the other 17 EE genes. Application of this procedure in each cancer-type led to a partial correlation network. We then

constructed a consensus network over all 10 cancer types, with edges defining significant and consistent partial correlations present in at least 6 of the 10 cancer types.

Correlation of genomic loci with EE gene expression

To assess if the same genomic loci are affected by a given EE gene, independently of cancer type, we adopted a genome-wide correlation approach. Specifically, we computed Pearson correlations between the DNAm level of any given region/cluster and the EE gene expression level, using only cancer samples to estimate the correlation. In the case of correlations with HyperZ, we only considered CpG island associated regions/clusters. In the case of correlations with HypoZ, we only considered opensea regions/clusters. Pearson correlations were transformed to Fisher Z-statistics. Spearman rank correlation and P-values of the ranking obtained in each cancer type were used to evaluate consistency of rankings across cancer types.

SUPPLEMENTARY FIGURES

Figure.S1: Quality Control (QC) Analysis of RNA-Seq data from the TCGA. Illustrated is the example of colon cancer which passed QC. Top panel plots the fractional variation of the total data variation accounted for by each of the top-ranked and significant singular vectors (principal components-PC) from the SVD analysis. The number of significantly variable singular vectors was determined by Random Matrix Theory (RMT) analysis ^{[14](#page-30-4)}. Lower panel depicts a heatmap of P-values of association between each singular vector/principal component and phenotypic and technical factors. Color Codes: Dark-red (P<1e-10), Red (P<1e-5), Orange (P<0.001), Pink (P<0.05), White (P > 0.05). As we can see, the top PC correlates most strongly with normal/cancer status, as we would expect. Only those cancer-types for which the top-PC correlated unambiguously with normal/cancer status (for both RNA-Seq and 450k DNA methylation) were used in this study.

Figure.S2: For each cancer type, we display two-dimensional density plots (bright yellow indicates highest density) illustrating the distribution of tumours in the plane defined by the HyperZ and HypoZ indices. The number of tumours is given above each panel. For each cancer type, we provide the Spearman Correlation Coefficient (SCC), its P-value, as well as the R2-value for a linear regression. Cancer types are abbreviated as in Fig.2. We note that the HyperZ and HypoZ indices used in this plot were defined by restricting to genomic regions which showed significant Z-scores.

Figure.S3: Boxplot of HyperZ and HypoZ DNA methylation instability indices across the breast cancers of the TCGA study, stratified according to the PAM50 intrinsic subtype ^{[22](#page-30-12)}. P-values are from a Wilcoxon rank sum test.

Figure.S4: Heatmap of Pearson Correlations between expression of EE genes and the HyperZ index, as assessed over cancer samples of a given cancer type. Color Codes: Magenta=significant positive correlation, White=no significant correlation, Cyan=significant negative correlation.

Figure.S5: Heatmap of Pearson Correlations between expression of EE genes and the HypoZ index, as assessed over cancer samples of a given cancer type. Color Codes: Magenta=significant positive correlation, White=no significant correlation, Cyan=significant negative correlation.

Cancer Type

HypoZ index

Figure.S6: Heatmap of Partial Correlations between mRNA expression of EE genes and the HyperZ and HypoZ index, respectively, as assessed over cancer samples of a given cancer type. Color Codes:

Magenta=significant positive partial correlation, White=no significant partial correlation, Cyan=significant negative partial correlation. Partial correlations were estimated from running multivariate regression models of the form *HyperZ/HypoZ ~ promoterDNAm(gene) + mRNAexpr.(gene) + error*.

Figure.S7: Scatterplots of DNA methylation beta-value of a genomic CGI locus (as shown) with a relatively high HyperZ index across most cancer types (y-axis) against UHRF1 gene expression (log₂ level-3 RNA-Seq count, x-axis) for each cancer type as shown. Normal samples are shown in blue, cancer samples in red. Dashed horizontal and vertical lines represent the mean levels of DNAm and $mRNA$ expression in the normal (blue) and cancers (red). R^2 , Spearman Correlation Coefficient (SCC) and associated P-value are given in each plot. These numbers were calculated across cancer samples only.

Figure.S8: Scatterplots of DNA methylation beta-value of a genomic CGI locus (as shown) with a relatively high HyperZ index across most cancer types (y-axis) against WHSC1 gene expression (log₂) level-3 RNA-Seq count, x-axis) for each cancer type as shown. Normal samples are shown in blue, cancer samples in red. Dashed horizontal and vertical lines represent the mean levels of DNAm and mRNA expression in the normal (blue) and cancers (red). \mathbb{R}^2 , Spearman Correlation Coefficient (SCC) and associated P-value are given in each plot. These numbers were calculated across cancer samples only.

Figure.S9: Scatterplots of DNA methylation beta-value of a genomic open sea single probe locus (as shown) with a relatively high HypoZ index across most cancer types (y-axis) against CBX7 gene expression (log₂ level-3 RNA-Seq count, x-axis) for each cancer type as shown. Normal samples are shown in blue, cancer samples in red. Dashed horizontal and vertical lines represent the mean levels of DNAm and mRNA expression in the normal (blue) and cancers (red). \mathbb{R}^2 , Spearman Correlation Coefficient (SCC) and associated P-value are given in each plot. These numbers were calculated across cancer samples only.

Figure.S10: Heatmap of associations between principal components (singular vectors) from a SVD and various factors for the Erlangen Breast cancer Illumina 450k DNA methylation study. The study included 50 normal samples from healthy women, 42 normal samples taken adjacent to a tumor, and over 200 breast cancers. The factors shown in the SVD heatmap include normal-cancer status (Status), Age, Beadchip, oestrogen receptor (ER), progesterone receptor (PR), HER2 status and KI67 status, as determined by immunohistochemistry. Also included is the comparison between normal-adjacent to normal-healthy, i.e. potential field defects (FD). Colors indicate statistical significance as follows: brown (P<1e-10), red (P<1e-5), orange (P<0.001), pink (P<0.05), white (not significant).

Figure.S11: Scatterplot of the HypoZ and HyperZ indices for the Erlangen Breast Cancer Illumina

450k study. In each case, y-axis labels the Z index of cancer samples as estimated relative to the 50 normal samples from healthy women, whereas the x-axis labels the corresponding Z-indices estimated relative to the 42 normal samples adjacent to tumors. R^2 values, Pearson Correlation Coefficient (PCC) and associated P-value are given.

Figure.S12: Scatterplot of differential expression t-statistics of the 212 EE genes between normal colon and colon cancer samples of the TCGA, with the x-axis labeling the case where only paired normal samples were used (n=26) and y-axis labeling the case where only unpaired normal samples $(n=12)$ were used. R² value, Pearson Correlation Coefficient (PCC) and associated P-value are given. Plot shows that the statistics of differential expression of the 212 EE genes would not alter significantly, had we used unpaired normal samples as reference.

SUPPLEMENTARY TABLES

Table.S1: The full list of 212 Epigenetic Enzyme genes, loosely defined as genes with a role in regulating/modulating any epigenetic mark. We provide the gene symbol, the gene description, its functional role and gene family it belongs to.

Cancer	$\#N(DNAm)$	$\#C(DNAm)$	$\#N(mRNA)$	$\#C(mRNA)$	#MN(DNAm)	$\#MC(mRNA)$	
Type							
BRCA	81	652	97	1008	68	648	
BLCA	19	201	17	323	15	195	
COAD	38	272	41	270	19	254	
HNSC	45	405	42	475	20	396	
KIRC	160	299	72	515	24	297	
LIHC	47	176	50	349	38	173	
LSCC	41	275	45	473	8	275	
LUAD	32	399	58	471	21	392	
THCA	53	489	56	495	48	487	
UCEC	34	374	10	364	9	253	

Table.S2: Numbers of normal (#N) and cancer (#C) tissue samples for each tissue type, and for each data type (DNAm=Illumina 450k DNA methylation, mRNA=RNA-SeqV3). Numbers of normals (#MN) and cancers (#MC) with matched DNAm and mRNA data are also given.

	BLCA	BRCA	COAD	HNSC	KIRC	LIHC	LSCC	LUAD	THCA	UCEC	Mean
ALL	20231	20248	20037	20253	20247	20164	20243	20190	20161	20358	20213.2
nDEG	10392	15238	14320	12249	15421	13111	15154	14342	13822	10116	13416.5
nDN	5097	8421	7934	6086	7814	5748	7697	6673	8593	5308	6937.1
nUP	5295	6817	6386	6163	7607	7363	7457	7669	5229	4808	6479.4
pDEG	0.51	0.75	0.71	0.6	0.76	0.65	0.75	0.71	0.69	0.5	0.66
pDN	0.25	0.42	0.4	0.3	0.39	0.29	0.38	0.33	0.43	0.26	0.34
pUP	0.26	0.34	0.32	0.3	0.38	0.37	0.37	0.38	0.26	0.24	0.32

Table.S3: For each TCGA cancer data set, we list the total number of genes which underwent Differential Expression analysis (ALL), the number of differentially expressed genes passing a P-value threshold of 0.05 (nDEG), the number of these which are downregulated (nDN) or upregulated (nUP) in cancer, and the corresponding probabilities of differential expression (pDEG), downregulation (pDN) and upregulation (pUP). We also provide the average values over all 10 cancer types in the last column.

Table.S4: Table summarizing the analytical model result for estimating the overall statistical significance of observing 35 (27) significantly and consistently upregulated (downregulated) EE genes across at least 8 of the 10 cancer types. UP=upregulated, DN=downregulated. Columns label the observed numbers of EE genes (nEE), the null probability of observing a random gene (i.e. one of the ~20,000 genes) to be significantly and consistently differentially expressed across at least 8 of the 10 cancer types $(P, k \ge 8)$, the number of EE genes expected under the Binomial test (there were 212 EE genes), the standard deviation of the Binomial count (SD) and the corresponding Binomial test P-value. We can see that for a random set of 212 genes, that the expected numbers of significantly and consistently differentially expressed genes across at least 8 of the 10 cancer types, are very low, approximately 0 to 1 genes in the case of upregulation, and only 0 to 2 genes in the case of downregulation.

Table.S5: For each TCGA cancer data set, we list the total number of genes (ALL) which underwent correlation analysis between mRNA expression and the HyperZ or HypoZ indices, the number of genes correlating significantly (i.e. with a correlation $P < 0.05$) and positively with HyperZ index, the number of genes correlating significantly and negatively with HyperZ, the number of genes correlating significantly and positively with the HypoZ index, and finally, the number of genes correlating significantly and negatively with the HypoZ index. In brackets, we give the corresponding fractions/probabilities. The last columns labels the mean over all cancer-types.

Table.S6: Table summarizing the analytical model result for estimating the overall statistical significance of observing EE genes correlating significantly and positively/negatively with HyperZ/HypoZ across at least 6 of the 10 cancer types. Columns label the observed numbers of EE genes (nEE) correlating positively or negatively with either HyperZ or HypoZ across at least 6 cancer types, the null probability of observing a random gene (i.e. one of the \sim 20,000 genes) correlating significantly and consistently across at least 6 of the 10 cancer types $(P, k \ge 6)$, the number of EE genes expected under the Binomial test (there were 212 EE genes), the standard deviation of the Binomial count (SD) and the corresponding Binomial test P-value. We can see that for a random set of 212 genes, that the expected numbers of genes correlating significantly and consistently with HyperZ/HypoZ across at least 6 of the 10 cancer types is significantly less than expected by random chance.

Table.S7: Table summarizing the number of paired and unpaired normals and cancer samples for each of the 10 TCGA cancer types considered in this manuscript. We note that unpaired normal samples may still represent tissue adjacent to cancer, but don't have a corresponding cancer sample (RNA or DNA) available. Only for colon (COAD) there were sufficient numbers of unpaired normals, with 12 of the 15 RNA-Seq samples not having any matched cancer sample (be it RNA-Seq or DNAm).

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