SUPPLEMENTARY FIGURES

Title: PTSD blood transcriptome mega-analysis: Shared inflammatory pathways across biological sex and modes of trauma

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Supplementary Figure 1. Multi-step analytic workflow used in the current study. **Supplementary Figure 2.** Mega-analytic differential expression and unsupervised clustering.

Supplementary Figure 3. STRING protein-protein interaction (PPI) network.

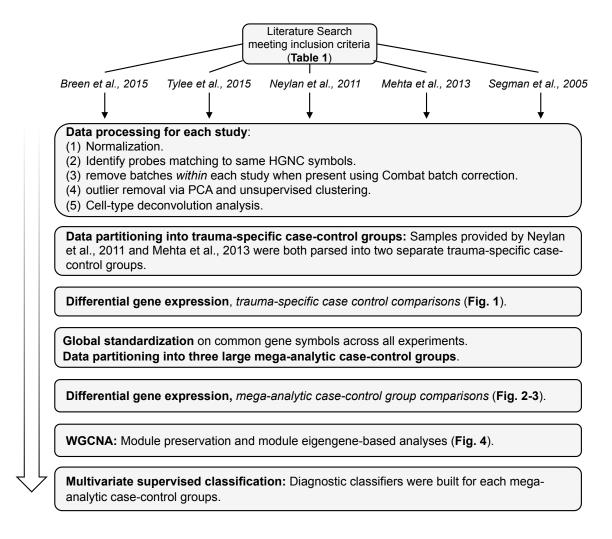
Supplementary Figure 4. Gene and gene-ontology cross-disorder overlaps.

Supplementary Figure 5. WGCNA preservation analyses.

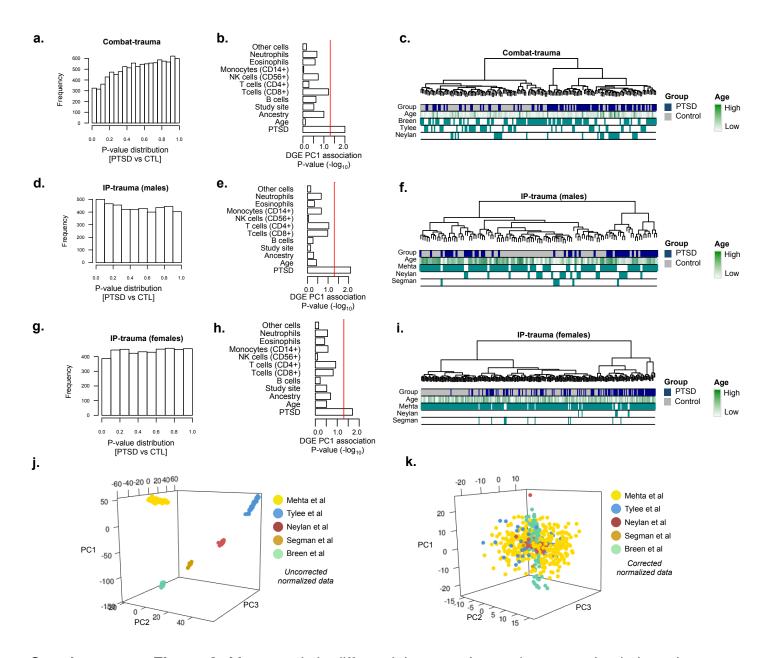
Supplementary Figure 6. Supervised multivariate classification results.

For all table files, please find supplementary table file.

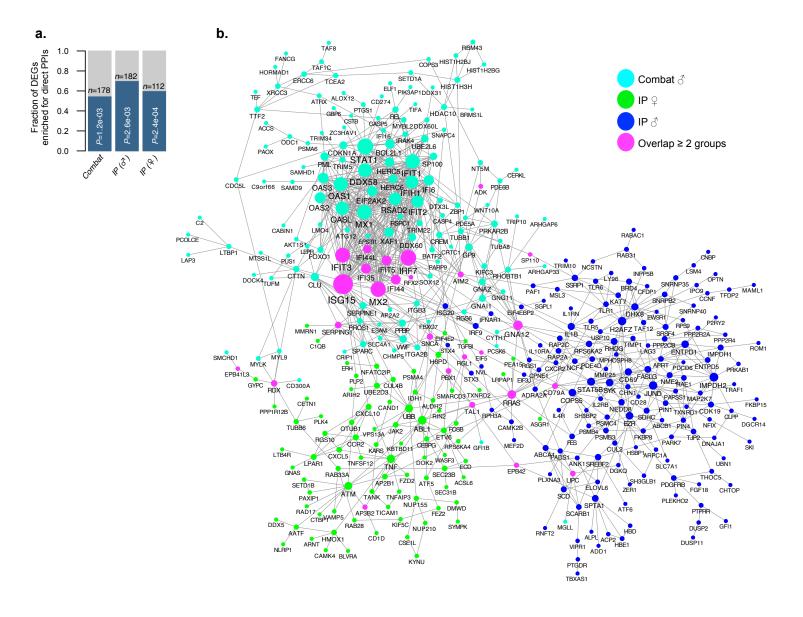
^{*} To whom correspondence should be addressed:



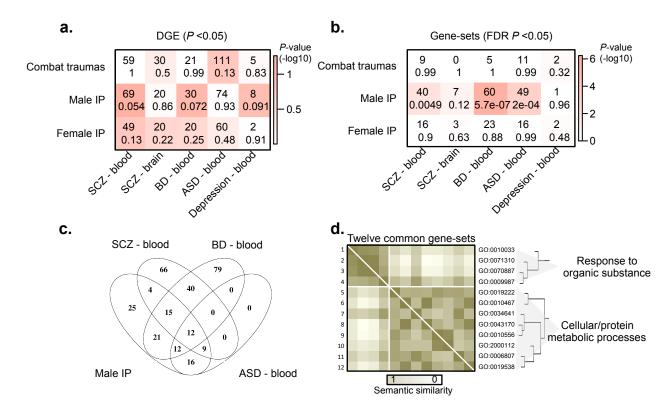
Supplementary Figure 1. Multi-step analytic workflow used in the current study.



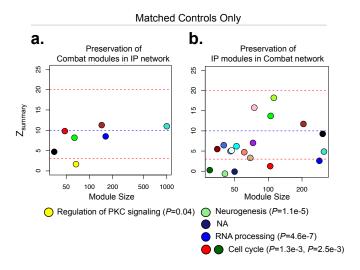
Supplementary Figure 2. Mega-analytic differential expression and unsupervised clustering. (**A**, **D**, **G**) Histograms of P-value distributions for each of the three mega-analytic case-control comparisons. (**B**,**E**,**H**) The first principal component of DGE signatures for each mega-analytic group are primarily associated with PTSD diagnosis, and not with age, ancestry, study site or estimated cell-type frequencies; red line indicates P <0.05. Average linkage hierarchical clustering of the samples in each mega-analytic case-control group based on DGE signatures (P<0.05) identified in (**C**) PTSD males exposed to combat trauma, (**F**) PTSD males exposed to IP trauma and (**I**) PTSD females exposed to IP trauma. Principal component analysis of all available gene expression studies (**J**) prior to and (**K**) following global standardization.

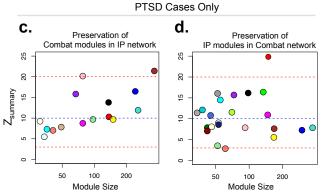


Supplementary Figure 3. STRING protein-protein interaction (PPI) network. (**A**) DGE lists were significantly enriched for observed direct protein-protein interactions (PPI) (*n*=178, 182, 112), beyond what is expected by chance using a nontrivial random background model. (**B**) Three separate networks were constructed in Cytoscape and the union of all networks was analyzed. Larger node size indicates a larger set of degrees (connections) with protein neighbors. Colored nodes indicate: cyan, males exposed to combat-related traumas; green, males exposed to IP-related traumas; blue, females exposed to IP-related traumas; pink, nodes shared between 2 or more networks.

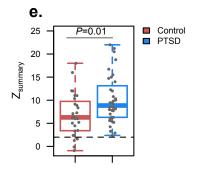


Supplementary Figure 4. Cross-disorder overlap of mega-analysis derived differential gene expression signatures. (**A**) PTSD gene expression signatures (P<0.05) in this study are overlapped with those found in other large-scale mega-analyses, including schizophrenia (SCZ) peripheral blood and postmortem brain tissue, bipolar (BD) peripheral blood and autism spectrum disorder (ASD) peripheral blood. (**B**) Overlap at the gene-ontology (GO) level, for significantly altered biological processes (FDR P<0.05). The top number in each cell represents the number of overlapping genes while the bottom number represents the corresponding P-value significance determined by a one-sided Fisher's exact test. Cells are shaded by level of significance. (**C**) Venn diagram of gene-sets between PTSD males exposed to IP, SCZ, BD and ASD. (**D**) Semantic similarity scores for twelve common GO pairs clustered by hierarchical clustering method (left) and common ancestor terms (right).

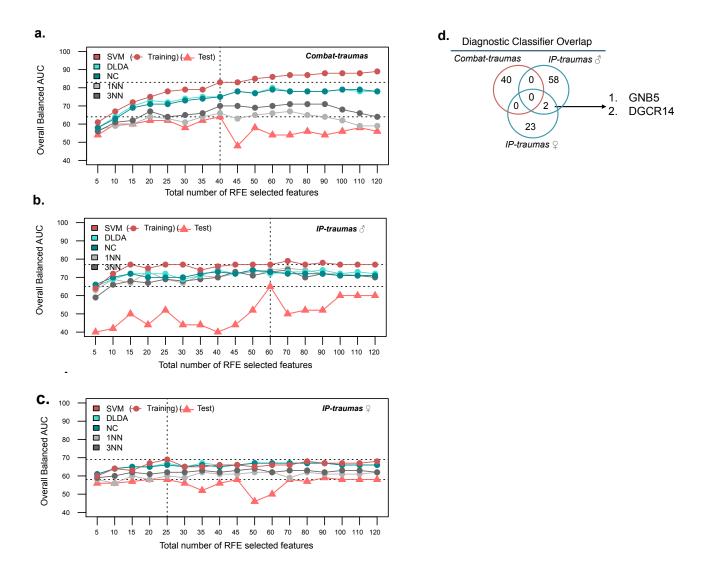




Comparison of Overall Module Preservation Scores



Supplementary 5. **Figure WGCNA** preservation analyses. Module preservation assessed co-regulatory patterns in control individuals exposed to (A) combat-trauma relative to IP-related traumas and (B) IP-related traumas relative to combat-related trauma. Similarly, co-regulatory patterns were assessed in PTSD cases exposed to (C) combat-trauma relative to IP-related traumas and (D) IP-related traumas relative to combat-related traumas. (E) We then assessed whether different traumatic backgrounds (that is, combat or IP traumas) effect co-regulatory patterns in control individuals differently than in PTSD cases. Collectively, when comparing the Z_{summarv} scores computed within control individuals (A-B) to Z_{summarv} scores computed within PTSD cases significantly less preservation was observed in controls relative to PTSD cases (P=0.01; Wilcox Test) indicating heterogenous response to trauma within control individuals compared to PTSD cases. The top ranked FDR corrected P < 0.05 GO-term is reported for each module with $Z_{summarv}$ < 2. For complete lists of genes within each module see Supplementary Table 4.



Supplementary Figure 6. Supervised multivariate classification results. Five best-in-class machine-learning algorithms were applied to distinguish (**A**) PTSD males from controls exposed to combat trauma, (**B**) PTSD males from control individuals composed to IP-related traumas and (**C**) PTSD females from controls exposed to IP traumas using a nested leave-one-tenth out cross-validation approach. Recursive feature elimination (RFE) was used to select the top most informative features on the training data (70%) and iteratively worked down to the 5 most informative features, while testing prediction accuracies on completely withheld test data (30%). RFE selected features (x-axis) is plotted against overall balanced accuracy (AUC; y-axis) for each mega-analytical comparison. (**D**) Overlap of final gene classifiers identified 2 genes in common across males and females exposed to IP-traumas (GNB5 and DGCR14).