

Supplementary data

A modular transcriptional signature identifies phenotypic heterogeneity of human tuberculosis infection

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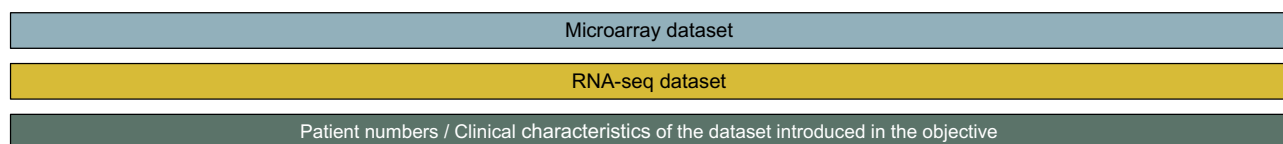
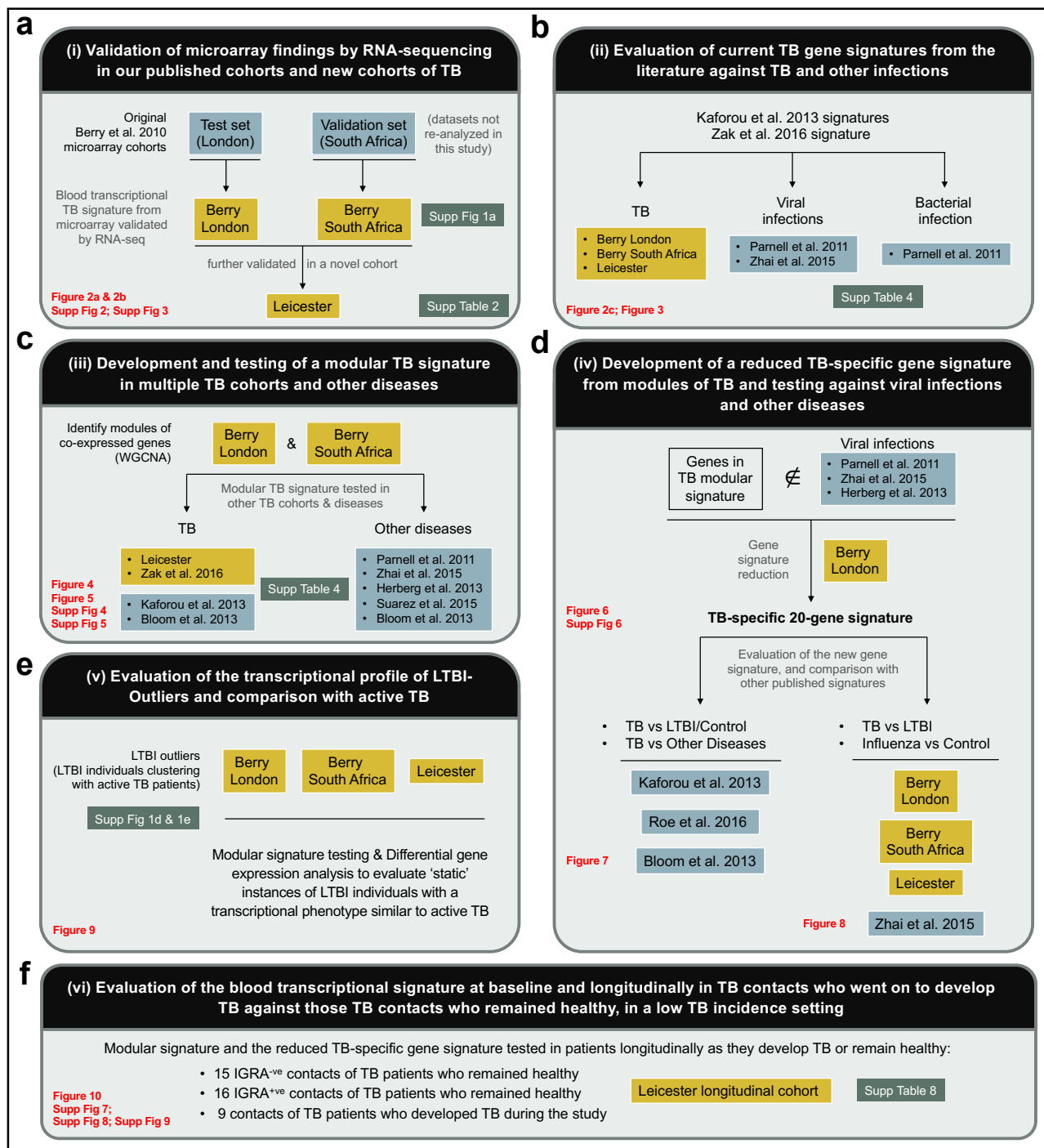
#contributed equally to this work.

¶co-supervised the work equally.

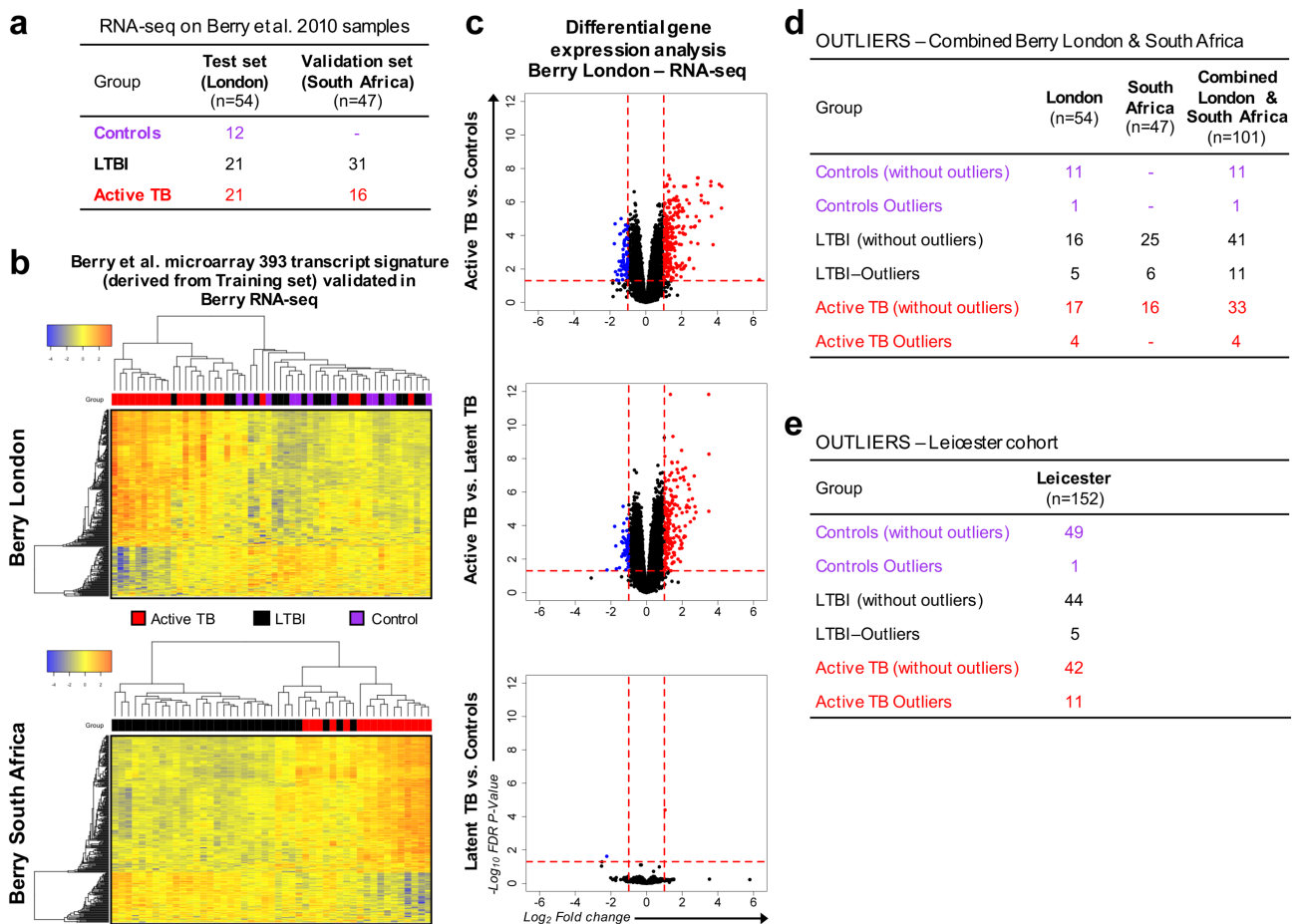
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Supplementary Figures

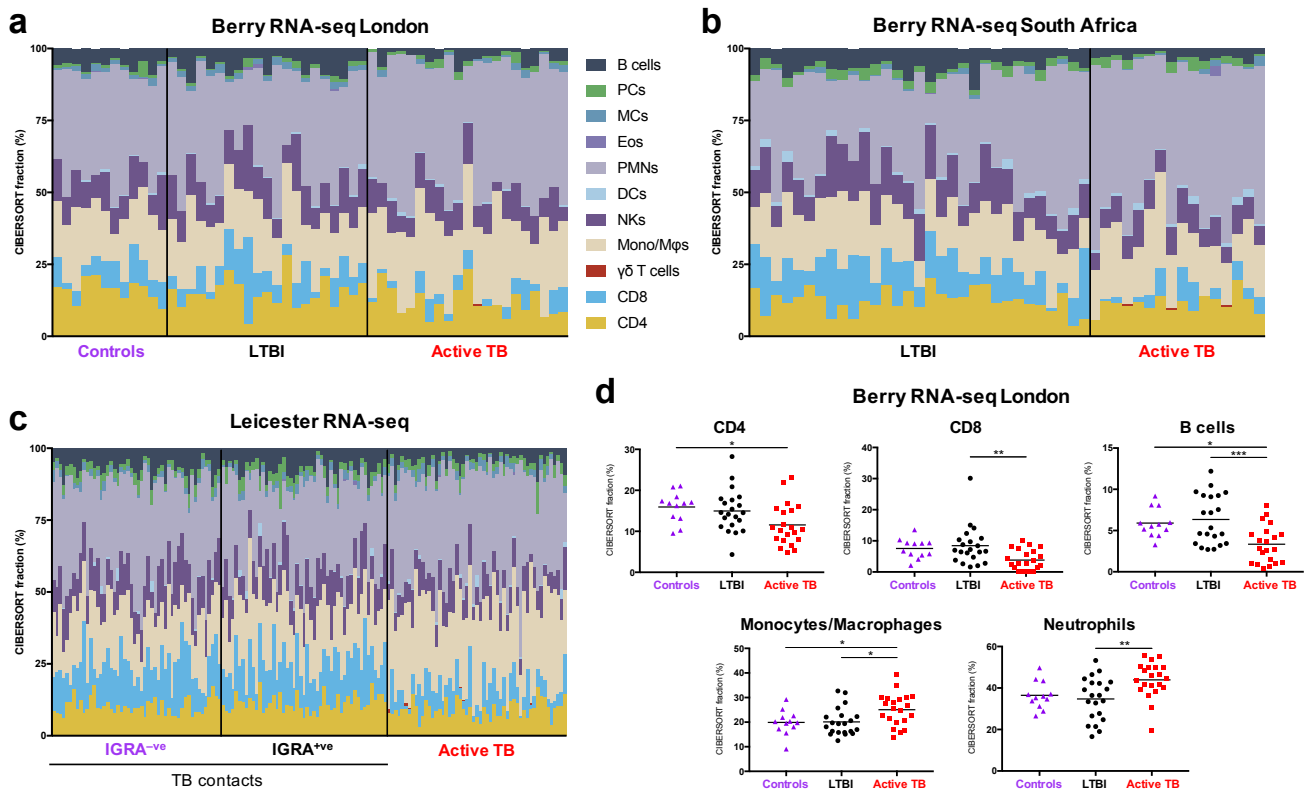
Supplementary Figure 1. Schematic diagram documenting the objectives undertaken in the study. The cohorts analysed as part of each objective are shown, with microarray and RNA-seq cohorts represented in different colours. Table numbers (for the patient numbers/clinical characteristics for each dataset), and figure numbers associated with each objective are shown.



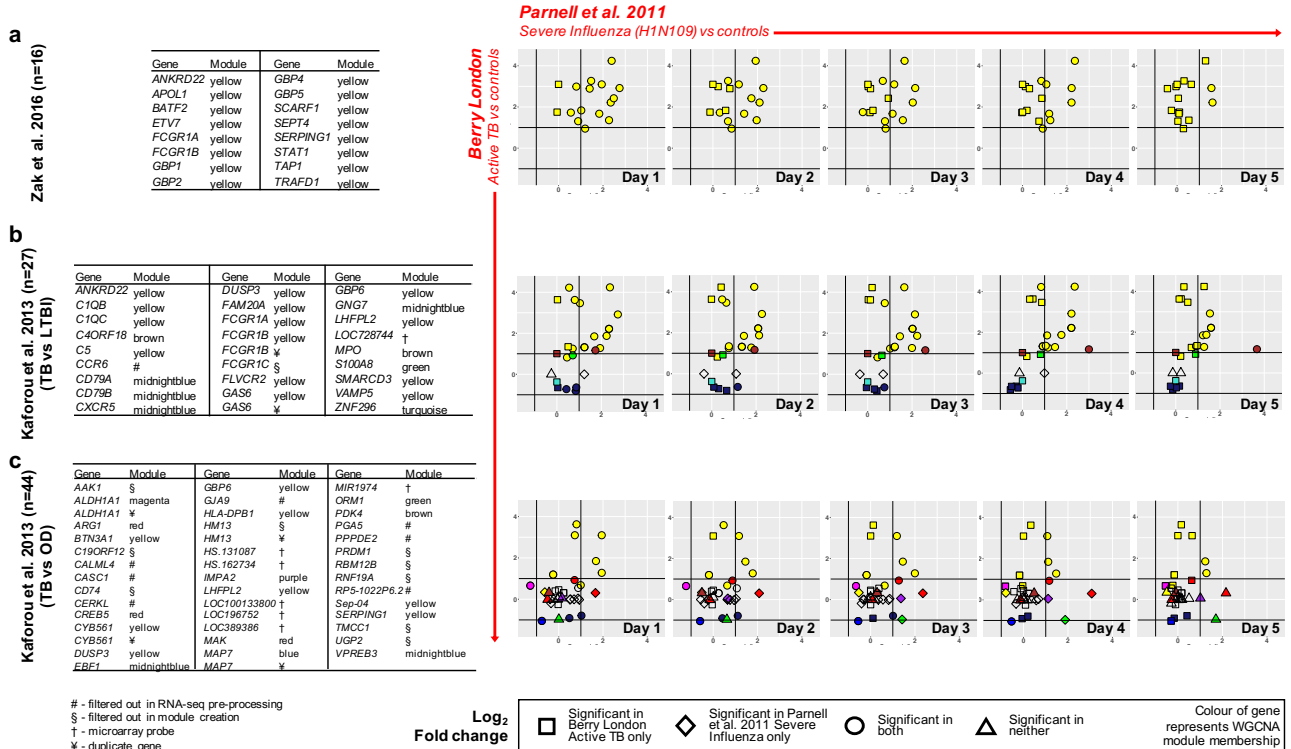
Supplementary Figure 2. Whole-blood transcriptional gene signatures in TB using RNA-seq and validation of microarray findings. **a** Samples from the test (Berry London) and validation (Berry South Africa) sets from Berry et al. 2010¹, originally profiled using microarray in the publication, were profiled in this present study using RNA-sequencing. **b** Heatmaps depicting unsupervised hierarchical clustering of active TB (red), LTBI (black) and control samples (purple) using the microarray 393-transcript signature of TB from Berry et al. 2010¹ in RNA-seq samples from Berry London and Berry South Africa cohorts. **c** Volcano plots depicting the 373-gene signature of TB derived independently using RNA-seq Berry London cohort. **d** Outliers identified by unsupervised hierarchical clustering in the Berry London and Berry South Africa cohorts, and **(e)** Leicester cohort.



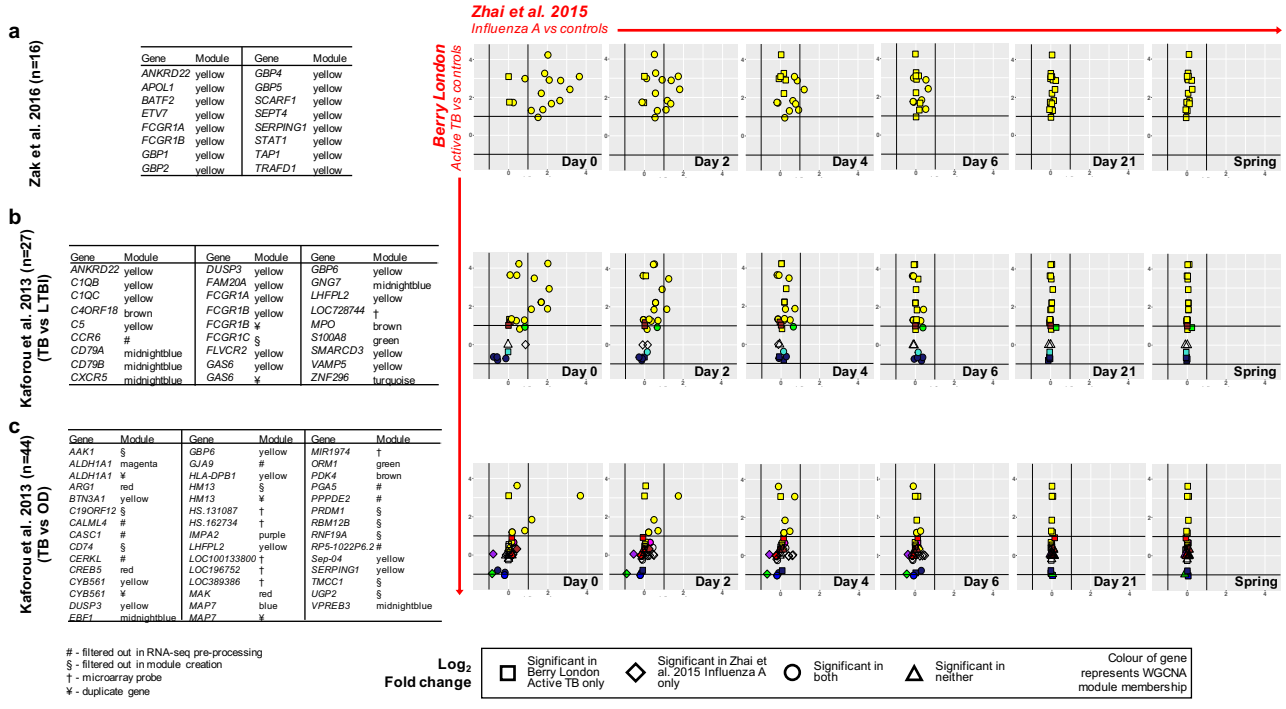
Supplementary Figure 3. Cellular deconvolution analysis in whole-blood RNA-seq TB samples. **a** Stacked bar plots depicting *in silico* cellular composition of whole-blood RNA-seq samples from Berry London, **(b)** Berry South Africa and **(c)** Leicester cohorts derived using CIBERSORT. Percent fractions for 11 representative cell types for each sample are shown, with colours representing the different cell types. **d** CIBERSORT fractions for CD4, CD8, B cells, Monocytes/Macrophages and Neutrophils compared between active TB, LTBI and controls in Berry London cohort. Mean values are shown as a line in each group. p-values were calculated using a one-way ANOVA, with Tukey multiple test correction. *, $p \leq 0.05$; **, $p \leq 0.01$; ***, $p \leq 0.001$.



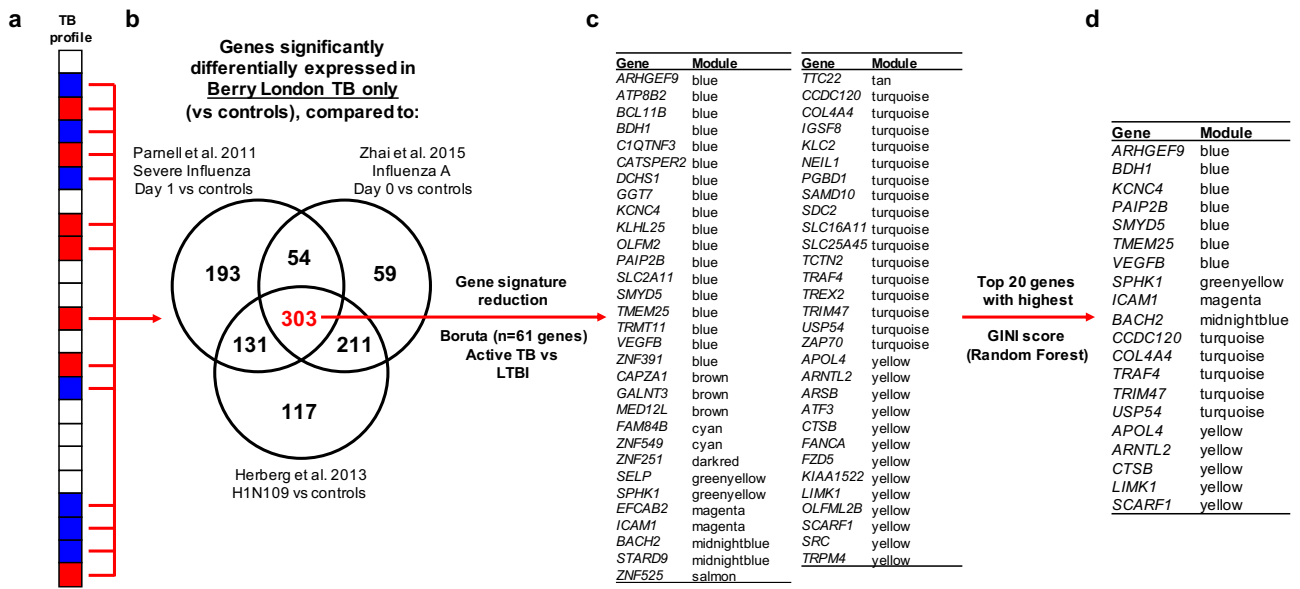
Supplementary Figure 4. Differential expression of published gene signatures in TB compared to severe influenza infection over time. a Log₂ fold changes in Berry London cohort (derived from active TB vs. controls; *y-axis*) compared to log₂ fold changes derived from severe influenza vs. controls from Parnell et al. 2011² (*x-axis*) for genes from the 16-gene signature from Zak et al. 2016³, and (b) the 27-gene signature (TB vs. LTBI) and (c) 44-gene signature (TB vs. other diseases (OD)) from Kaforou et al. 2013⁴. Colours represent the WGCNA module membership of the gene. Shapes represent significance associated with the fold changes (FDR p-value < 0.05) in either Berry London only (squares), respective dataset only (diamonds), both (circles) or neither (triangles).



Supplementary Figure 5. Differential expression of published gene signatures in TB compared to influenza A infection over time. a Log₂ fold changes in Berry London cohort (derived from active TB vs. controls; y-axis) compared to log₂ fold changes derived from influenza A vs. controls from Zhai et al. 2015⁵ (x-axis) for genes from the 16-gene signature from Zak et al. 2016³, and (b) the 27-gene signature (TB vs. LTBI) and (c) 44-gene signature (TB vs. other diseases (OD)) from Kaforou et al. 2013⁴. Colours represent the WGCNA module membership of the gene. Shapes represent significance associated with the fold changes (FDR p-value < 0.05) in either Berry London only (squares), respective dataset only (diamonds), both (circles) or neither (triangles).

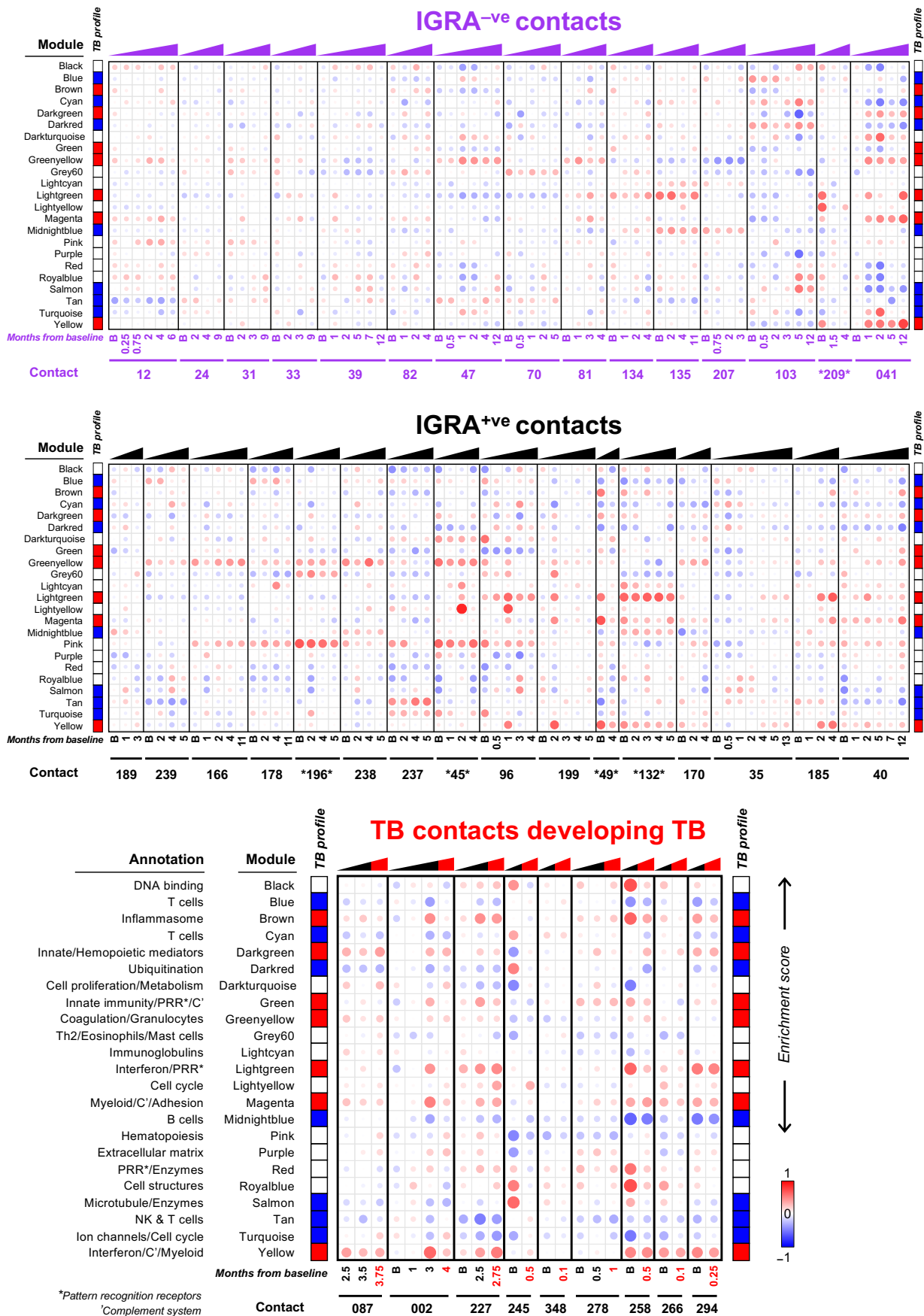


Supplementary Figure 6. Development of a reduced TB-specific gene signature. a Representative TB modular profile depicting modules that were perturbed in TB. **b** Venn diagram depicting genes significantly differentially expressed in TB only (active TB vs. controls in Berry London cohort) and not in influenza (influenza vs. controls in Parnell et al. 2011², Zhai et al. 2015⁵ and Herberg et al. 2013⁶). **c** The 61-gene signature identified as predictive of active TB compared to LTBI using the Boruta algorithm. **d** The set of 20 genes with the highest GINI score (using random forest) in the Boruta 61-gene signature. Module membership of the 20-gene signature is also shown.

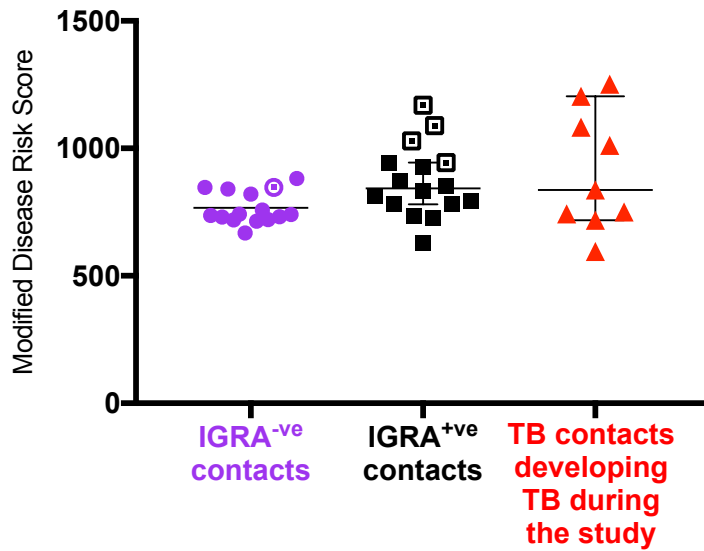


Supplementary Figure 7. Modular transcriptional profiles of TB contacts followed over time. Longitudinal modular profiles of IGRA^{-ve} TB contacts who remained healthy (n=15), IGRA^{+ve} TB contacts who remained healthy (n=16), and TB contacts who developed TB during the study (n=9). Enrichment scores derived using ssGSEA compared to the average enrichment scores of IGRA^{-ve} controls are depicted, with red and blue indicating modules over- or under-expressed compared to controls. Colour intensity and size represent the degree of enrichment. The x-axis depicts the time in months of recruitment for the study from Baseline for each patient. For the contacts who developed TB during the study, the time point when the contact was diagnosed with active TB in the clinic is represented in red letters. Representative modular TB profiles depicting modules that were perturbed in TB are shown for visual comparison on either side of each modular figure.

Supplementary Figure 7.

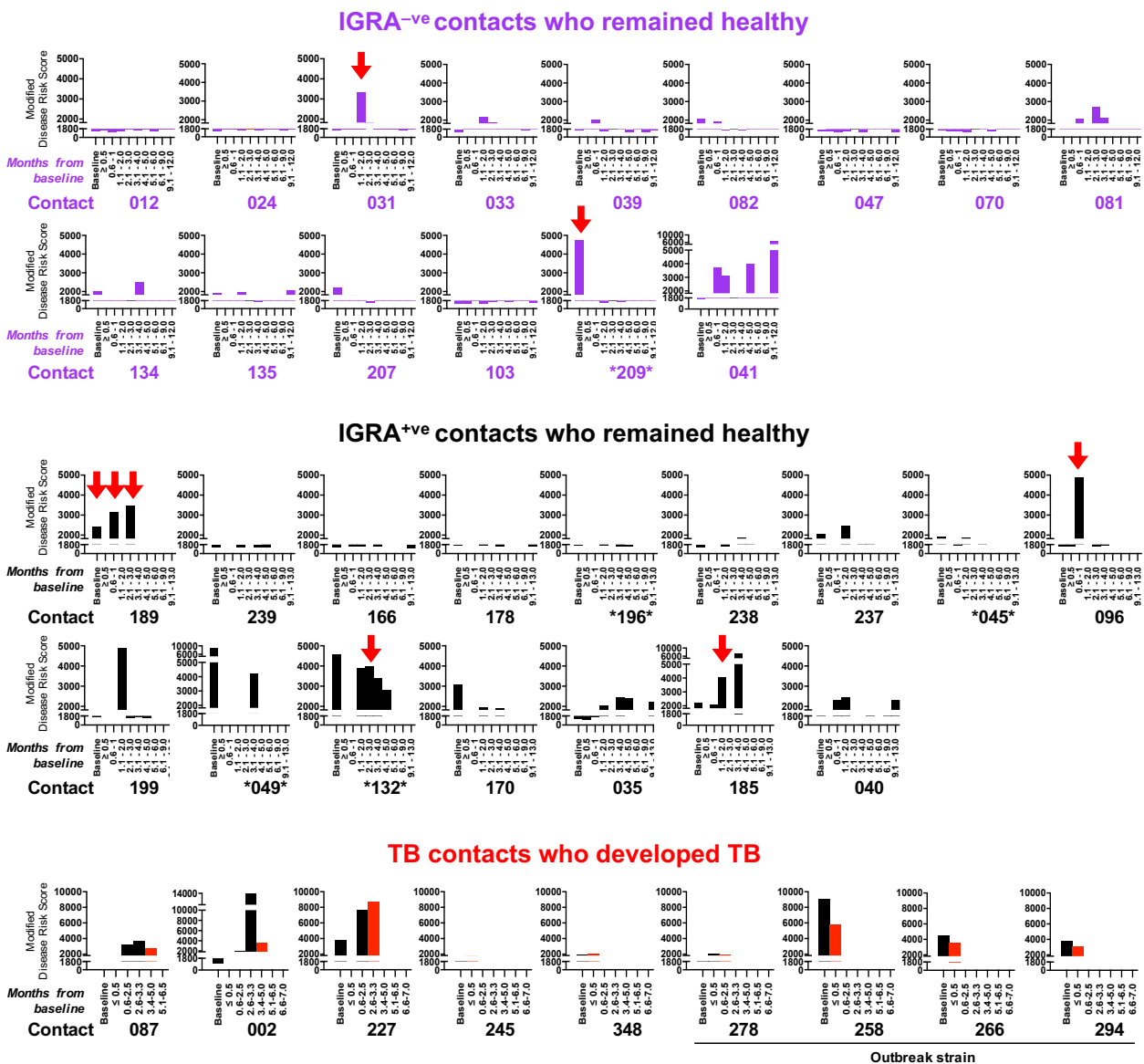


Supplementary Figure 8. Baseline visit scores in TB contacts followed over time. Scatter plots depicting modified Disease Risk scores at Baseline visit in IGRA^{-ve} and IGRA^{+ve} TB contacts who remained healthy, and in TB contacts who developed TB during the study (n=9) using the 20-gene TB-specific signature. The dispersion is expressed as median with 95% CI. Outliers are indicated as empty circles (IGRA^{-ve}) or squares (IGRA^{+ve}) with a dot inside.



Supplementary Figure 9. Blood transcriptional profile of TB contacts followed over time using the Zak et al. 2016 signature. a Bar plots depicting the modified Disease Risk Scores using the Zak et al. 2016³ 16-gene signature, in TB contacts who remained IGRA^{-ve} and did not develop TB (n=15), TB contacts who remained IGRA^{+ve} and did not develop TB (n=16), and TB contacts who developed TB during the study (n=9). For TB contacts who developed TB during the study, the time point when the contact was diagnosed with active TB in the clinic is represented by a red bar. Baseline in the barplot is set at 1824.35, average of all Baseline time-point modified Disease Risk Scores from all IGRA^{-ve} contacts (n=15).

Zak et al. 2016 16 gene signature in TB contacts followed over time



Supplementary Tables

Supplementary Table 1. Clinical characteristics of IGRA^{-ve} TB contacts, IGRA^{+ve} TB contacts and Active TB patients recruited in Leicester.

DEMOGRAPHICS		ACTIVE TB (n = 54*)	TB CONTACTS	
			IGRA Positive (n = 50#)	IGRA Negative (n = 50)
GENDER	Male (%)	35 (65)	29 (58)	30 (60)
	Female (%)	19 (35)	21 (42)	20 (40)
AGE	years (mean \pm SD)	40 (\pm 15)	39 (\pm 15)	35 (\pm 16)
ETHNICITY	Indian Subcontinent (%)	34 (63)	39 (78)	45 (90)
	African (%)	11 (20)	7 (14)	4 (8)
	White Caucasian (%)	9 (17)	4 (8)	1 (2)
ORIGIN	UK born (%)	8 (15)	4 (8)	10 (20)
	Foreign born (%)	46 (75)	46 (92)	40 (80)
DISEASE TYPE [§]	Smear positive pulmonary (%)	20 (37)	16 (32)	10 (20)
	Smear negative pulmonary (%)	24 (44)	21 (42)	0
	Non-pulmonary (%)	10 (19)	13 (26)	40 (80)
DURATION OF SYMPTOMS	months (mean \pm SD)	2.13 (\pm 1.62)		
CONTACT TYPE	Household, partner (%)		8 (16)	8 (16)
	Household, other (%)		36 (72)	39 (78)
	Non-household (%)		6 (12)	3 (6)

*One patient removed as part of quality control

#One patient not sequenced

§ For TB contacts disease type refers to the phenotype of TB in the index case to which the contact was exposed
SD – Standard deviation

Supplementary Table 2. TB gene signatures from Zak et al. 2016 and Kaforou et al. 2013.

Zak et al. 2016 (n=16)		Kaforou et al. 2013			
		TB vs. LTBI (n=27)		TB vs. OD (n=44)	
Genes	IFN inducible (n=16)	Genes	IFN inducible (n=18)	Genes	IFN inducible (n=22)
<i>ANKRD22</i>	*	<i>ANKRD22</i>	*	<i>AAK1</i>	*
<i>APOL1</i>	*	<i>C1QB</i>	*	<i>ALDH1A1</i>	*
<i>BATF2</i>	*	<i>C1QC</i>	*	<i>ALDH1A1</i>	*
<i>ETV7</i>	*	<i>C4ORF18</i>		<i>ARG1</i>	
<i>FCGR1A</i>	*	<i>C5</i>	*	<i>BTN3A1</i>	*
<i>FCGR1B</i>	*	<i>CCR6</i>		<i>C19ORF12</i>	*
<i>GBP1</i>	*	<i>CD79A</i>		<i>CALML4</i>	*
<i>GBP2</i>	*	<i>CD79B</i>		<i>CASC1</i>	
<i>GBP4</i>	*	<i>CXCR5</i>		<i>CD74</i>	*
<i>GBP5</i>	*	<i>DUSP3</i>	*	<i>CERKL</i>	
<i>SCARF1</i>	*	<i>FAM20A</i>	*	<i>CREB5</i>	*
<i>SEPT4</i>	*	<i>FCGR1A</i>	*	<i>CYB561</i>	
<i>SERPING1</i>	*	<i>FCGR1B</i>	*	<i>CYB561</i>	
<i>STAT1</i>	*	<i>FCGR1B</i>	*	<i>DUSP3</i>	*
<i>TAP1</i>	*	<i>FCGR1C</i>	*	<i>EBF1</i>	
<i>TRAFD1</i>	*	<i>FLVCR2</i>	*	<i>GBP6</i>	*
		<i>GAS6</i>	*	<i>GJA9</i>	
		<i>GAS6</i>	*	<i>HLA-DPB1</i>	*
		<i>GBP6</i>	*	<i>HM13</i>	
		<i>GNG7</i>		<i>HM13</i>	
		<i>LHFPL2</i>		<i>HS.131087</i>	
		<i>LOC728744</i>		<i>HS.162734</i>	
		<i>MPO</i>		<i>IMPA2</i>	*
		<i>S100A8</i>	*	<i>LHFPL2</i>	
		<i>SMARCD3</i>	*	<i>LOC100133800</i>	
		<i>VAMP5</i>	*	<i>LOC196752</i>	
		<i>ZNF296</i>	*	<i>LOC389386</i>	
				<i>MAK</i>	*
				<i>MAP7</i>	*
				<i>MAP7</i>	*
				<i>MIR1974</i>	
				<i>ORM1</i>	
				<i>PDK4</i>	*
				<i>PGA5</i>	
				<i>PPPDE2</i>	
				<i>PRDM1</i>	*
				<i>RBM12B</i>	
				<i>RNF19A</i>	*
				<i>RP5-1022P6.2</i>	
				<i>SEPT4</i>	*
				<i>SERPING1</i>	*
				<i>TMCC1</i>	*
				<i>UGP2</i>	*
				<i>VPREB3</i>	

*IFN inducible genes, as identified by the Interferome database v2.01

Supplementary Table 3. Numbers of subjects in the external datasets downloaded from GEO.

Kaforou et al. 2013 (GSE37250)		Zak et al. 2016 (GSE79362)		Parnell et al. 2011 (GSE20346)		Zhai et al. 2015 (GSE68310)		Herberg et al. 2013 (GSE42026)		Suarez et al. 2015 (GSE60244)		Bloom et al. 2013 (GSE42834)	
Group	n	Group	n	Group	n	Group	n	Group	n	Group	n	Group	n
Active TB (HIV-/+)	195	1 to 180	19			Day 0	42	H1N109	19	Virus	71	Active TB	35
Latent TB (HIV-/+)	167	Days before diagnosis	181 to 360 361 to 540 541 to 720 >720	29 17 11 4	Severe Influenza	Day 1	4	RSV	22	Bacteria	22	Sarcoidosis	61
		Non-progressors	243			Day 2	4	Bacteria	18	Coinfection	25	Bacterial Pneumonia	14
						Day 3	4	Influenza A	33	Controls	40	Lung cancer	16
						Day 4	4					Controls	113
						Day 5	3						
						Day 1	6	Controls	44				
						Day 2	6						
						Day 3	6						
						Day 4	4						
						Day 5	4						
						Controls	18						

Supplementary Table 4. Annotation of 23 modules of co-expressed genes derived using WGCNA from combined Berry London & South Africa cohorts.

Module	Number of genes	Annotation
Black	203	DNA-binding proteins, Ubiquitination
Blue	902	T-lymphocytes, Antigens
Brown	428	Inflammasome pathway, IL-10 signaling, TLR signaling, Monocytes
Cyan	121	T-lymphocytes, Molecular conformation
Darkgreen	27	Lymphotoxin β Receptor Signaling, Endosomes
Darkred	38	Ubiquitination, Mutagenesis
Darkturquoise	27	Cell proliferation & Metabolism
Green	267	Chemokine signaling, Complement system, Neutrophils, Monocytes, Interleukins, Pattern recognition receptors
Greenyellow	159	Coagulation system, Granulocyte Adhesion and Diapedesis
Grey60	94	Th2 pathway, Eosinophils, Mast cells
Lightcyan	98	Immunoglobulins
Lightgreen	86	Interferon signaling, Interferon Type-I, Pattern recognition receptors
Lightyellow	59	Cell cycle, cytoskeleton proteins
Magenta	165	Glycoproteins/Antigens, Macrophages/Monocytes, Complement, Cell adhesion
Midnightblue	108	B cell receptor signaling
Pink	167	Hematopoiesis, B cell development, Ubiquitination, Hemoglobins
Purple	165	Extracellular matrix proteins, cell differentiation
Red	236	Pattern recognition receptors, Enzymes and Coenzymes
Royalblue	38	Cellular structures, Cell surface receptors, Membrane proteins
Salmon	136	Microtubule proteins, Regulatory elements, Enzymes and Coenzymes
Tan	157	Antigens and Receptors, Lymphocytes, Th1 and Th2 activation pathway, NK cell signaling
Turquoise	959	Ion channels, cell cycle proteins
Yellow	360	Interferon signaling, Complement system, MHC & Antigen presentation, Dendritic cells/Macrophages

Supplementary Table 5. Clinical characteristics of the TB contacts identified with TB during prospective observation in the Leicester Cohort.

The table summarises longitudinal clinical observations recorded for each subject until TB diagnosis (marked in red on longitudinal time course)

Study Number	002	227	087	245	348	278	258	266	294
Clinical and Demographic Characteristics									
Gender	Female	Female	Male	Male	Female	Male	Male	Male	Male
Ethnicity	Indian Subcontinent	African	Indian Subcontinent	European	White Caucasian	White Caucasian	White Caucasian	White Caucasian	White Caucasian
Birth Origin	Foreign Born	Foreign Born	Foreign Born	Foreign Born	UK Born	UK Born	UK Born	UK Born	UK Born
Index Disease Type	Smear positive Pulmonary TB	Smear positive Pulmonary TB	Smear negative Pulmonary TB	Smear negative Pulmonary TB	Smear negative Pulmonary TB	Smear negative Pulmonary TB	Smear negative Pulmonary TB	Smear negative Pulmonary TB	Smear negative Pulmonary TB
Type of Contact	Partner	Household	Household	Household	Household	Partner	Partner	Household	Household
Contact Disease Type	Non-Pulmonary TB	Pulmonary TB	Pulmonary TB	Pulmonary TB	Pulmonary TB	Pulmonary TB	Pulmonary TB	Pulmonary TB	Pulmonary TB
Category of TB Infection	True progressor	True progressor	Subclinical active TB	Subclinical active TB	Active TB	Active TB	Active TB	Active TB	Active TB
IGRA Result	Positive	Positive	Positive	Positive	Positive	Positive	Positive	Positive	Negative
Culture status Culture positive sample TTPC (days)	Positive Pleural fluid 21	Positive BAL 14	Positive Sputum 6	Positive Sputum 21	Positive Sputum 20	Positive Sputum 20	Positive Sputum 8	Positive Sputum 12	Positive Sputum 21
Xpert MTB/RIF assay	Negative	Positive	Positive	Positive	Positive	Negative	Positive	Positive	Positive
Longitudinal time course									
Time course (Months after baseline)	B 1 3 4	B 2.5 2.75	B 2.5 3.5 3.75	B 0.5	B 0.1	B 0.5 1	B 0.5	B 0.1	B 0.25
Reported Symptoms	X X ☉☉	X ☉	X X ☉	X ☉☉☉☉	☉	☉	☉	☉☉	☉☉
CXR Appearance	N ‡	N ‡	‡	‡	‡	‡	‡	‡	‡
Other Clinical Information	Nil	Nil	Also sputum culture positive for <i>S.Pneumoniae</i>	Received antibiotics for suspected bacterial pneumonia	Nil	Nil	Nil	Nil	Nil

* TTPC - Time to positive culture

^ BAL - Bronchoalveolar lavage

X - No reported symptoms at clinical assessment

☉ - Reported symptom compatible with active TB (including cough, fever and weight loss).

Each symbol refers to a single symptom type.

N - Normal chest X-ray (reported by Consultant thoracic radiologist)

‡ - Abnormal chest X-ray with TB associated features

References

- 1 Berry, M. P. *et al.* An interferon-inducible neutrophil-driven blood transcriptional signature in human tuberculosis. *Nature* **466**, 973-977, doi:10.1038/nature09247 (2010).
- 2 Parnell, G. *et al.* Aberrant cell cycle and apoptotic changes characterise severe influenza A infection-a meta-analysis of genomic signatures in circulating leukocytes. *PLOS One* **6**, e17186 (2011).
- 3 Zak, D. E. *et al.* A blood RNA signature for tuberculosis disease risk: a prospective cohort study. *The Lancet* **387**, 2312-2322 (2016).
- 4 Kaforou, M. *et al.* Detection of tuberculosis in HIV-infected and-uninfected African adults using whole blood RNA expression signatures: a case-control study. *PLOS Med* **10**, e1001538 (2013).
- 5 Zhai, Y. *et al.* Host transcriptional response to influenza and other acute respiratory viral infections-a prospective cohort study. *PLOS Pathog* **11**, e1004869 (2015).
- 6 Herberg, J. A. *et al.* Transcriptomic profiling in childhood H1N1/09 influenza reveals reduced expression of protein synthesis genes. *J Infect Dis* **208**, 1664-1668 (2013).