Supplementary Information

Inference of transcription factor binding from cell-free DNA enables tumor subtype prediction and early detection

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Somatic copy number alterations (SCNAs) in plasma samples from patients with cancer SCNAs identified after whole-genome plasma sequencing of plasma samples derived from one patient with colon adenocarcinoma (C2); eight patients with prostate cancer (P40, P147, P148, P170, P179, P198, P240, P190); and two patients with breast cancer (B7, B13).



a) TFBS-nucleosome coverage profiles for two representative TFs, CREM and GATAD1, established from 24 cfDNA samples from healthy controls, each shown with an individual blue line. The MNase-seq coverage patterns from the lymphoblastoid cell line GM12878 obtained from ENCODE are illustrated in red. **b)** Additional comparisons between coverage profiles of cfDNA and MNase-seq around TFBSs. **c)** TFBS analyses with high-molecular weight DNA, which is not mono-nucleosomal DNA, yields a uniform, non-oscillating pattern (blue) in contrast to plasma DNA (green).



a) Coverage profiles for TFs AP-4 and BCL-3 after calculations conducted separately for TFBS within and outside of TSSs. Profiles within TSSs are oriented ina way that the actual transcription start at 0 in the positive direction. **b)** Exemplary TF-nucleosome profiles illustrating the variable nucleosome patterns of different TFs in cfDNA. **c)** Measurements of TFBS widths revealed substantial differences among various TFBSs. **d)** Boxplot illustrating the percentage of overlap for CpG islands (left panel) and TSSs (right panel).

Normal distribution of z-scores



Rank differences of each healthy sample against the remaining healthy samples shows normal distribution as depicted by its distribution (left panel), as well as the QQ-plot (right panel).

Overall z-scores in high-coverage tumor samples



In breast cancer samples B7 and B13 we detected in agreement with the ATAC-seq data increased accessibility for GRHL2, FOXA1, and ZNF121.

Supplementary Figure 6 TFBS accessibility in serial analysis



Pairwise comparison of two plasma samples from patients C2, P147, and P40.





Plasma samples P148_1 (819,607,690 reads) and P148_3 (768,763,081 reads) were down-sampled to ~50 million reads and analyzed for the 504 TFs used in our study. Lower ranking TFs appear to be more affected by noise.

Supplementary Figure 8 Determination of the tumor content with ichorCNA



Distribution of tumor fractions as measured by ichorCNA in the Freenome colon cancer cohort. Most samples show a tumor fraction below the limit of detection specified by ichorCNA (3%).

Logistic Regression on all samples from the colon cancer cohort, as well as samples with stage I and II combined



ROC-curves of logistic regression on 100 random training-test splits on accessibilities of 504 samples. The left panel shows all cancer samples, irrespective of stage, combined into a single class, while the right panel show samples at stages I and II. Additional performance metrics are available in Supplementary Table 3.

Prostate cancer patients

					Castratation	PSA at diagnosis				A	R
atient ID	Sample ID	Age (years)	Tumor type	Metastatic sites	Resistance	[ng/ml]	PSA [ng/ml]	NSE [ng/ml]	Treatment	³ revious treatment A	mplification
240	P240_1	67.5	Neuroendocrine	Bone, lymph nodes, liver, lung	Yes	NA	3.2	542.4	Carboplatin/Etoposid/	ADT, Chemotherapy	o
198	P198_5	65.1	Neuroendocrine	Bone, lymph nodes	Yes	NA	29.4	> 370	ADT /	DT, Chemotherapy, Carboplatin/Etoposidy، ك	ō
190	P190_3	65.4	Adenocarcinoma/ Neoroendocrine	Bone	Yes	NA	3.35	19.4	Carboplatin/Etoposid/	ADT, Chemotherapy	ō
179	P179_4	64.9	Neuroendocrine	Bone, lymph nodes	Yes	15.0	0.56	55.6*	Chemotherapy /		0
170	P170_2	72.4	Neuroendocrine	Bone, lung, liver	Yes	NA	3.81	122.6	Carboplatin/Etoposid/	ADT, Chemotherapy N	Ō
148	P148_3	AA 0	Neuroendocrine		Yes		52.0	> 370	Carboplatin/Etoposid	Chemotherapy N	ō
140	P148_1	00.0	Adenocarcinoma	Bone, liver, lymph nodes	Yes		694.4	NA	Chemotherapy /		es
147	P147_3	6 л л	Adenocarcinoma	Bone liver lymph nodes	Yes	11 4	863.1	> 370	Chemotherany		es
1+1	P147_1	00:0			Yes	± ±. +	205.7	NA		Ye	es
40	P40_2	8/ 1	Adaptocorcinomo	Bone	Yes	2 207	656.0	NA		yr Yo	es
5	P40_1	07.1			No	723.0	115.3	NA		Z	ō

Breast cancer patients

					ER+		PR+
Patient ID	Sample ID	Age (years)	Tumor type	Her2-	Intermediate	PR+low	Intermediate
37	B7_1	54.4861111111111	luminal	1	1	1	
213	R13 1	75.4305555555556	luminal	1	1		1

Colon cancer patient

atient ID	Sample ID Age (years)	Tumor type	Metastatic sites	UICC
32	$\frac{C_2 7}{C_2 48}$	Adenocarcinoma	Liver	G3 pT3 N2b V1

patients B7 and B13, and patient C2 with colorectal cancer. Clinical data on prostate cancer patients P40, P147, P148, P190, P170, P179, P198, and P240, on breast cancer

Supplementary Table 1

Supplementary Table 2

	Control samples	Cancer samples
n	177	592
male	36.36%	51.78%
female	63.64%	48.22%
stage I	n/a	197
stage II	n/a	280
stage III	n/a	98
stage IV	n/a	6
stage NA	n/a	9
Mean (+/- sd)	53.1 (+/- 15.98)	70.6 (+/- 11.50)

Clinical characteristics of the Freenome colorectal cancer cohort.

Supplementary Table 3

	Sta	igel	Sta	agell	Stag	el+ll	All S	amples
	Value	95%-Conf Int						
Samples in								
Cancer set	197		280		477		592	
Accuracy	0.718	0.565-0.842	0.755	0.619-0.881	0.736	0.636-0.841	0.728	0.630-0.818
Precision	0.742	0.558-0.905	0.838	0.689-1.0	0.859	0.764-0.966	0.861	0.748-0.946
Recall	0.711	0.538-0.873	0.745	0.575-1.0	0.766	0.649-0.861	0.771	0.664-0.870
Specificity	0.724	0.480-0.898	0.771	0.563-1.0	0.658	0.427-0.894	0.59	0.304-0.823
F1	0.721	0.558-0.845	0.785	0.652-0.898	0.808	0.726-0.893	0.812	0.738-0.883
МСС	0.436	0.123-0.690	0.506	0.216-0.761	0.393	0.143-0.643	0.327	0.048-0.520
AUC	0.793	0.664-0.902	0.827	0.684-0.931	0.775	0.636-0.895	0.762	0.602-0.867

Performance metrics of logistic regression analysis of TF accessibilities in the Freenome cohort of early-stage colorectal cancer samples.