

Differential DNA Methylation Is Associated With Hippocampal Abnormalities in Pediatric Posttraumatic Stress Disorder

Supplementary Information

Participants

Exclusion criteria for youth with PTSD in both cohorts included imminent suicidality, history of psychotic disorder, substance abuse or dependence; IQ<70; unstable medical condition; recent use of psychotropic medication (past 4 weeks; 6 weeks for fluoxetine); MRI contraindication; and possibility of pregnancy in females. NTC and TC were screened for trauma history with use of the Children's Revised Impact of Event Scale (CRIES) and if traumatized, screened on PTSD symptoms (1, 2). NTC and TC participants were free of any history of mental illness. In both cohorts, youth with PTSD participated in ongoing studies aiming to investigate biological changes in relation to trauma exposure and PTSD. Clinical characteristics of both cohorts are shown in Table 1A and Table 1B. In the Dutch cohort, not all youth participated in the MRI analysis (N=52). In the USA cohort, all 44 youth, including NTC youth, participated in the MWAS and MRI portions of the study. In both cohorts written parental consent and youth assent were obtained for all participants.

Clinical and Behavioral Assessments

In both cohorts, participants and their caregivers underwent a traumatic events and psychiatric screen by trained child and adolescent psychiatrists or psychologists. The Clinician-Administered PTSD Scale for Children and Adolescents (CAPS-CA) was used to determine PTSD diagnosis based on DSM-IV-TR criteria(3, 4). A PTSD diagnosis required at least five symptoms, including at least one from each symptom category. In the Dutch cohort, in addition to the CAPS-CA, interview caregiver information based on the PTSD section of the Anxiety disorders interview schedule for DSM-IV (ADIS) was used (5). In the USA cohort the CAPS-CA was not obtained for the first four PTSD participants included in the analysis. PTSD severity was additionally examined using the UCLA PTSD Reaction Index (PTSD-RI) (6). For the PTSD-RI, the greater score between the youth and caregiver report for each item was used as this was most strongly correlated with CAPS scores. In both cohorts, information about youth depressive and anxiety symptoms were measured using youth and caregiver reports. Both cohorts used different measures to assess these symptoms. In the Dutch cohort, information about internalizing and externalizing symptoms were obtained with the Revised Children's Anxiety and Depression Scale (RCADS), the Child Behavioral Checklist (CBCL) and Youth Self Report (YSR) (7-11). In the American cohort, the Kiddie Schedule for Affective Disorders and Schizophrenia (KSADS) (12) was used for

general psychiatric screening. Information about internalizing symptoms were obtained with use of the Mood and Feelings Questionnaire (MFQ) (13) and Screen for Child Anxiety Related Emotional Disorders (SCARED) (14).

DNA Acquisition and Extraction

Genomic DNA samples were resolved on a 1% agarose gel to verify that the DNA was of high molecular weight and quantified using Qubit (Qiagen, USA).

Bisulfite Conversion and Generation of Methylation Signal

In both cohorts, five hundred nanograms of genomic DNA was sodium bisulfite-treated for unmethylated cytosine (C) to thymine (T) conversion using the EZ DNA Methylation-Gold kit (Zymo Research). Briefly, converted DNA was amplified, fragmented, and hybridized. The converted DNA was then scanned using the HumanMethylation EPIC/850 BeadChip (Dutch cohort) and 450 BeadChip (USA cohort) following the manufacturer's guidelines. Illumina recently replaced the HumanMethylation450 BeadChip (450K) with the EPIC BeadChip, which nearly doubles the measured CpG sites to >850,000. However data obtained from two platforms is comparable within cohorts (15).

Quality Control and Data Processing

Quality control of the raw data was performed to determine the success of the bisulfite conversion and subsequent array hybridization using Methylaid package (v.1.16.0) (16). Four samples from the Dutch cohort and one sample from the American cohort were removed before further analysis during this step due to poor sample quality. The removed samples were part of the PTSD group, and were excluded for further analysis. See table 1, for the resulting cohort sizes. Next, both the Dutch and American data sets were normalized using quantile normalization implemented in the Minfi package (v.1.22.1) (17). Furthermore, based on Illumina's recommendations, probes present on the X or Y chromosomes, probes represented by a SNP, and probes known to be susceptible for cross hybridization were removed. Density plots were made to evaluate whether the normalization procedure was effective. In order to explore our datasets further, we applied a principal component analysis (PCA) on the raw and normalized datasets and we evaluated the first four components in relation to potential technical or biological confounders.

Image Preprocessing and Voxel-Based Morphometry

Preprocessing and VBM were performed using the VBM8 toolbox (<http://dbm.neuro.uni-jena.de/vbm/>) in Statistical Parametric Mapping (Wellcome Department of Imaging Neuroscience, London, UK), which

was executed in Matlab (Mathworks, Sherborn, MA). Standard VBM8 toolbox parameters were used for preprocessing. Images were bias corrected, tissue classified, and normalized to MNI space using linear (12-parameter affine) and nonlinear transformations including high-dimensional DARTEL within a unified model. Standard values were selected to bias regularization (0.0001) and FWHM cutoff (60 mm). Denoising was performed with optimized Rician non-local means and HMRF weighting of 0.15. Output normalized GMVs were modulated for nonlinear (Jacobian) components only, resulting in images corrected for total brain volume and smoothed with a 6-mm FWHM Gaussian filter. Final voxel resolution was $1.5 \times 1.5 \times 1.5$ mm.

Demographic and mental health measures of participating youth

Results are shown in Table 1. In the Dutch cohort (n= 224), 33 % of the youth were diagnosed with PTSD, 33.5% consisted of traumatized youth without PTSD (TC) and 33.5% consisted of healthy non traumatized comparison (NTC) youth. Compared to the PTSD youth, TC and NTC were more likely to have a Caucasian ethnicity, and NTC were slightly younger of age (e.g. -1.3 years of difference with the PTSD youth). In the American cohort (n=42), 52.4% within the USA cohort were diagnosed with PTSD, the other 47.6% consisted of NTC. In this cohort there were no significant group differences in sex, ethnicity, handedness distribution, age, or IQ. In both groups, youth with PTSD also reported comorbid internalizing and externalizing mental health problems.

Supplementary Tables and Figures

Table S1: DMRs identified in identified in the PTSD vs non-traumatized control groups, and PTSD vs traumatized control groups in the Dutch cohort.

PTSD Youth vs NTC Youth	Gene	Chr: start-end	Area	L	Cluster (L)	p-value	FWER	Direction
	<i>TNXB</i>	6: 32064573-32064660	0.08184208	7	63	1,68E-05**	0.03	PTSD > NTC
	<i>PM20D1</i>	1: 205818956-205819609	0.89112306	12	15	2,24E-05**	0.04	NTC > PTSD
	<i>TNXB</i>	6: 32063901-32064258	0.71518432	11	63	6,50E-05	0.10	PTSD > NTC
	<i>SLC39A4</i>	8: 145638434-145639652	0.49039230	7	14	7,73E-05	0.13	PTSD > NTC
	<i>MRII</i>	19: 13875014-13875111	0.22034351	2	12	9,41E-05	0.15	NTC > PTSD
	<i>HOOK2</i>	19: 12876846-12877188	0.32988402	4	4	0.00016	0.24	PTSD > NTC
	<i>KRTCAP3</i>	2: 27665079-27665150	0.34323537	5	12	0.00016	0.24	PTSD > NTC
	<i>DUSP22</i>	6: 291687-293285	0.51044509	10	10	0.00020	0.33	PTSD > NTC
	<i>KLRC4-KLRK1</i>	12: 10563981-10564015	0.19874756	2	2	0.00024	0.32	PTSD > NTC
	<i>SH2D1B</i>	1: 162382662-162383000	0.25738391	3	6	0.00024	0.33	NTC > PTSD
PTSD Youth vs TC Youth	<i>HOOK2</i>	19: 12876846-12877188	0.58247642	4	4	7.19E-07**	0.002	TC > PTSD
	<i>SLC39A4</i>	8: 145638434-145639652	0.48956705	7	14	3.88E-05	0.104	PTSD > TC
	<i>TNXB</i>	6: 32063901-32064258	0.66185491	11	63	5.25E-05	0.13	PTSD > TC
	<i>DUSP22</i>	6: 291687-293285	0.60519676	10	10	6.61E-05	0.168	PTSD > TC
	<i>TNXB</i>	6: 32064573-32064660	0.39522854	7	63	0.00016103	0.352	PTSD > TC

	-	12: 7781004-7781431	0.30113510	5	6	0.00019985	0.398	PTSD > TC
	-	6: 31650760-31650930	0.38106164	7	21	0.00019482	0.406	PTSD > TC
	-	13: 50194322-50194643	0.24197756	3	3	0.00018763	0.414	PTSD > TC
	<i>KLRC4-KLRK1</i>	12: 10563981-10564015	0.18006498	2	2	0.00023220	0.45	PTSD > TC
TC Youth vs NTC Youth	PM20D1	1: 205818956-205819609	1.007570321	12	15	2.53E-06	0.016	TC > NTC
	MYOM2	8: 2075209-2075820	0.370255087	4	5	2.12E-05	0.128	NTC > TC
	MRI1	19: 13875014-13875111	0.217915630	2	12	2.65E-05	0.14	NTC > TC
	HOOK2	19: 12876846-12877188	0.323727987	4	4	9.58E-05	0.452	TC > NTC
	HCG4P6	6: 29894050-29894228	0.323727987	6	23	0.00012673	0.546	NTC > TC
	GNE	9: 36276879-36277313	0.304210036	6	8	0.00018204	0.652	NTC > TC
	ZNF718	4: 124232-124344	0.274002874	5	8	0.00018172	0.656	TC > NTC
	NINJ2	12: 739953-740338	0.274002874	5	5	0.00018425	0.66	TC > NTC
	STAP2	19: 4328745-4328818	0.200618804	3	4	0.00024999	0.768	TC > NTC
		-	2: 731215-732037	0.337826311	8	9	0.00022913	0.77

Top 10 DMRs of association analyses of 1) PTSD vs. NTC youth, (2) PTSD vs TC youth and 3) TC vs NTC youth. Detected DMRs ($L > 1$) using minfi's "bumphunter" function; chr: chromosome and position; area: area bump; L: number of probes in DMR; DMR:Differently methylated region ; cluster(L): number of probes in cluster; FWER = Family-Wise Error Rate; PTSD = Post-Traumatic Stress Disorder; NTC = Non-Traumatized Controls, TC = Traumatized controls. **indicates a significant result.

Table S2: Top 10 DMRs identified in the PTSD vs non-traumatized control groups, and PTSD vs traumatized control groups in the USA cohort.

PTSD Youth vs NTC Youth	Gene	Chr: start-end	Area	L	Cluster (L)	p-value	FWER	Direction
	<i>CYP2E1</i>	10: 135341528-135343280	0.985407559	11	11	2.14E-05	0.1	PTSD > NTC
	<i>PM20D1</i>	1: 205818956-205819492	0.653954047	7	10	6.58E-05	0.276	NTC > PTSD
	<i>SH2D4B</i>	10: 82295394-82296191	0.535736945	6	6	0.00010352	0.386	PTSD > NTC
	<i>DUSP22</i>	6: 291687-292823	0.682382028	9	10	0.00011905	0.434	NTC > PTSD
	<i>GDF7</i>	2: 20870087-20871401	0.683556474	9	9	0.00011905	0.434	NTC > PTSD
	<i>KLHL35</i>	11: 75139390-75139736	0.434895571	4	4	0.00018597	0.598	PTSD > NTC
	<i>TNXB</i>	6: 32064153-32064491	0.527903349	8	68	0.00033977	0.778	PTSD > NTC
	<i>IGF2BP1</i>	17: 47091339-47092272	0.462007265	7	9	0.00047841	0.854	NTC > PTSD
	<i>NAP1L5</i>	4: 89619038-89619053	0.284233465	3	21	0.00058859	0.908	PTSD > NTC
	<i>TACSTD2</i>	1: 59043070-59043280	0.377549355	6	15	0.00084813	0.94	NTC > PTSD

Top 10 DMRs of association analyses of PTSD vs. NTC youth; Chr = chromosome; DMR = Differently methylated region; FWER = Family-Wise Error Rate PTSD = Post-Traumatic Stress Disorder; NTC = Non-Traumatized Controls.

Table S3: Top 5 DMPs identified in the PTSD vs non-traumatized control groups, and PTSD vs traumatized controls group in the Dutch cohort

	Gene	Probe	Chr	Position	m-value	FDR	Log Beta	Delta Beta	Gene Feature
PTSD Youth vs. NTC Youth	<i>CRHBP</i>	cg26196496	5	76247679	2,63E-08	0,0204**	0,1314	0,1634	TSS1500
	<i>LINC00379</i>	cg22797297	13	91807638	7,60E-07	0,1785	-0,0828	-0,1111	Body
	-	cg11717701	4	55408833	9,02E-07	0,1785	0,0538	-0,0002	-
	<i>RN5S96</i>	cg17852114	2	69410331	9,19E-07	0,1785	-0,0135	-0,0130	Body
	<i>AC092567.1</i>	cg12139537	2	62972370	1,36E-06	0,1937	-0,0257	-0,0060	body
PTSD Youth vs. TC Youth	-	cg21972431	7	17812356	2,30E-08	0,0179**	-0,0275	-0,0108	-
	<i>PPP1R16B</i>	cg12221474	20	37433936	2,75E-07	0,0675	-0,0246	-0,0208	TSS1500
	-	cg0694353	6	142007733	3,88E-07	0,0675	-0,1512	-0,1417	-
	<i>ZEB2</i>	cg20171775	2	145228686	4,37E-07	0,0675	0,1088	0,0704	3'UTR
	<i>FAM180A</i>	cg11015893	7	135433540	4,60E-07	0,0675	0,0279	0,0049	1stExon
TC Youth vs. NTC Youth	<i>KIAA1949</i>	cg18335326	6	30653659	2,51E-06	0,7123	0,0290	0,0243	Body;1stExon
	<i>UR11</i>	cg23798674	19	30433017	3,11E-06	0,7123	-0,0100	-0,0089	TSS200
	<i>CNN2</i>	cg10658703	19	1033242	5,27E-06	0,7123	0,0209	-0,0208	Body
	<i>RAD51B</i>	cg13898955	14	68555990	7,19E-06	0,7123	-0,0453	-0,0293	Body
	-	cg20230271	13	95190074	8,01E-06	0,7123	0,0307	0,0358	-

Top 5 DMPs of association analyses of (1) PTSD vs NTC youth, (2) PTSD vs TC youth and 3) TC vs NTC youth. Gene: UCSC Reference Gene Name, chr: chromosome; m-value: adjusted p-value (Mval); DeltaBeta: delta differences between groups, based on average β -value. DMP: Differently methylated position: Gene feature: gene feature according Illumina manifest. PTSD = Post-Traumatic Stress Disorder; NTC = Non-Traumatized Controls, TC = Traumatized controls. ** indicates a significant result.

Table S4: Top 5 DMPs identified in the PTSD vs non-traumatized control groups in the USA cohort

PTSD Youth vs. NTC Youth	Gene	Probe	Chr	Position	m-value	FDR	Log Beta	Delta Beta	Gene Feature
	<i>SORBS1</i>	cg12639763	10	97321104	4.94E-07	0.327068412	-0.0073432	-0.0061897	5' UTR
	<i>CACNG8</i>	cg17780246	19	54481467	2.69E-06	0.254915768	-0.0677602	-0.061728	Body
	<i>LPGATI</i>	cg05959111	1	211999985	2.97E-06	0.254915768	-0.0585573	-0.0588481	Body
	<i>DLGAP2</i>	cg05455971	8	1616422	2.51E-06	0.254915768	0.04179431	0.03864045	Body
	<i>SHPK</i>	cg02501127	17	3530781	5.34E-06	0.105837742	-0.0266202	-0.0254701	Body

Top 5 DMPs of association analyses of PTSD vs. NTC youth; Gene: UCSC Reference Gene Name, Chr = chromosome; Delta Beta = delta differences between groups, based on average β -value. DMP: Differently methylated position Gene feature: gene feature according Illumina manifest. PTSD = Post-Traumatic Stress Disorder; NTC = Non-Traumatized Controls.

Table S5: Demographic Information, Trauma History and Clinical Characteristics of the subset of youth that participated in the Post Hoc analysis in the Dutch cohort

	PTSD Youth (n=45)
Sex	
Boys	17 (37.78%)
Girls	28 (62.22%)
Age	12.60 (2.95)
Ethnicity	
Caucasian	22 (48.49%)
Other	23 (51.11%)
Left Handed	4 (8.89%)
Index Trauma	
Interpersonal Violence	26 (57.78%)
Sexual Abuse	9 (20%)
Severe Accident/medical trauma	1 (2.22%)
Other (Traumatic News, Natural Disaster)	7 (15.56%)
Comorbid Diagnoses	
Internalizing	12 (26.67%)
Externalizing	9 (20%)
CAPS-CA Severity Score	53.58 (24.19)

Continuous variables presented as mean (standard deviation); categorical variables presented as frequency (percentage).

Table S6: Lambda's in the Dutch cohort reflecting the inflation index.

	Dutch cohort	USA cohort
PTSD Youth vs. NTC Youth	1,043246	1.00317
PTSD Youth vs. TC Youth	1,033907	
TC Youth vs. NTC Youth	1,041038	

The lambda's of the qq-plots after using the BACON, indicated absence of type-I error inflation

Figure S1: Results for the comparison between PTSD cases vs HC in the Dutch cohort. CpGs in or near CRHBP. Above providing $-\log_{10}(p\text{-value})$ with individual CpGs indicated by dots, color coded based on pairwise correlation with neighboring CpGs. The second part (ENSEMBL genes, CG Island, BroadChromHMM) presents the annotation tracks for the plotted genomic region. The final part of the figure (SNP USCS, and below) presents the pairwise correlation matrix across the displayed CpGs.

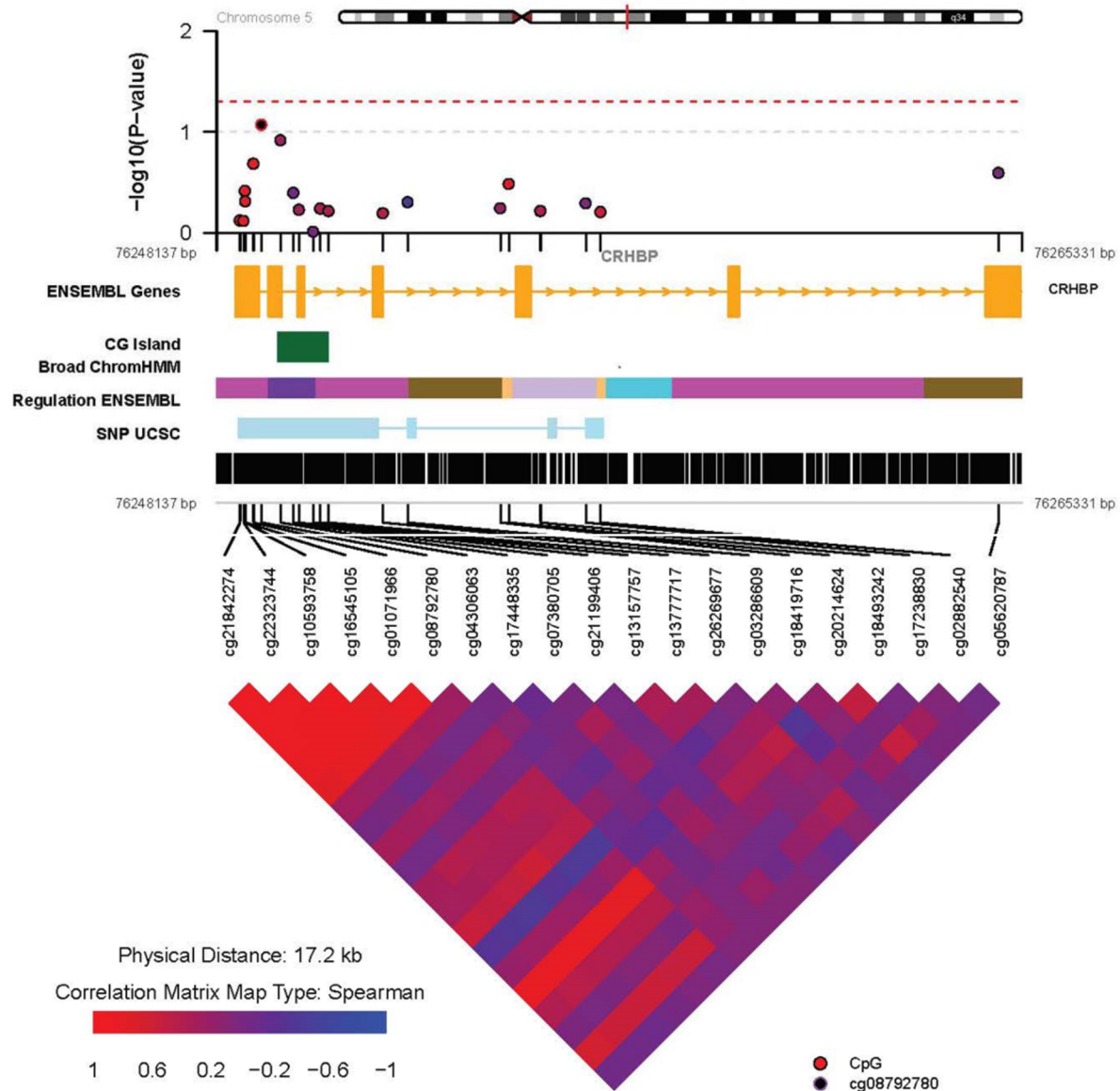
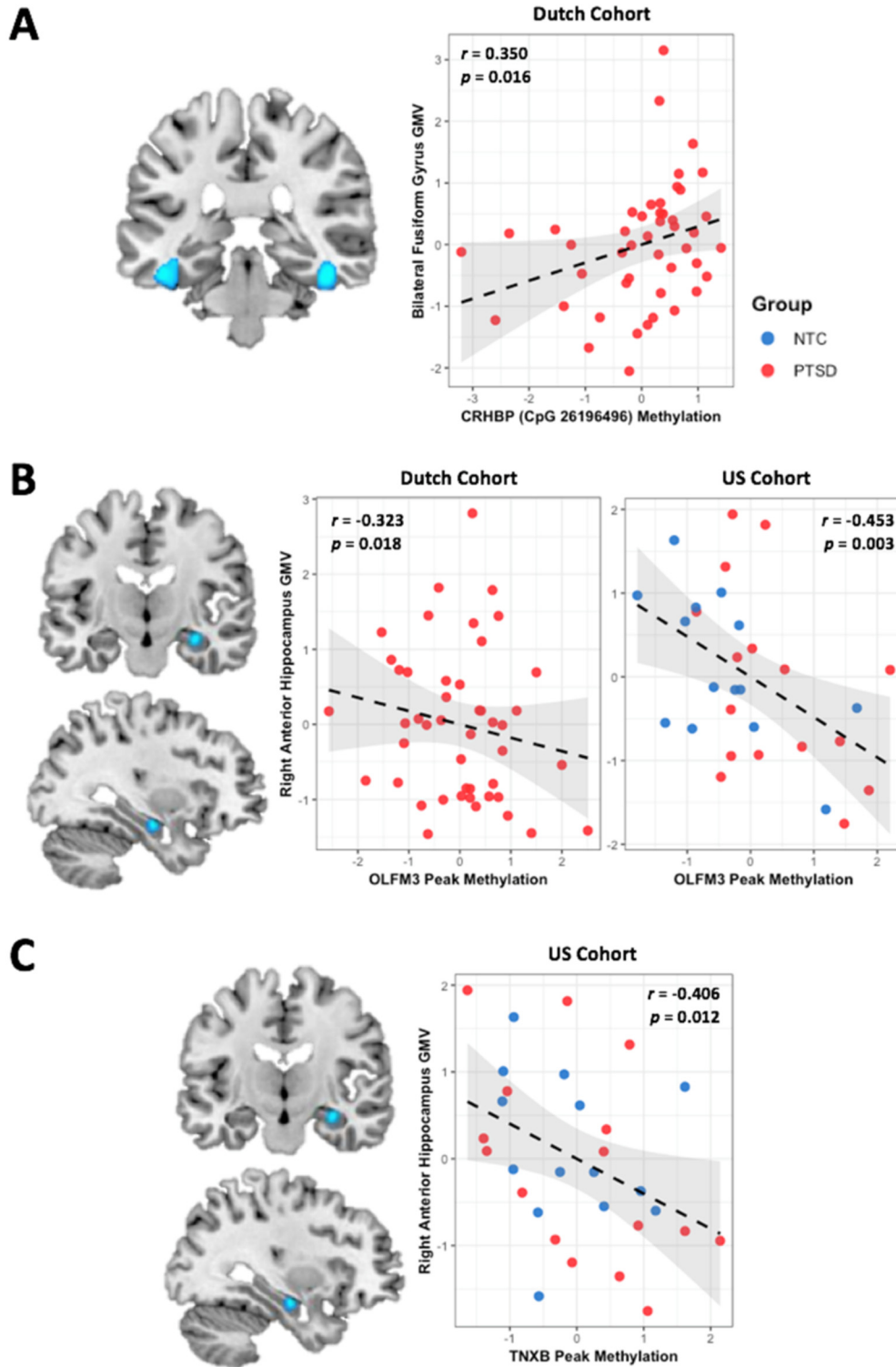


Figure S2: A) Positive correlation between CRHBP and bilateral fusiform gyros in the Dutch cohort B) negative correlation between OLFM3 and the Right Anterior Hippocampus in both cohort C) Negative correlation TNXBmethylation with the Anterior Hippocampus in the USA Cohort.



1. Perrin S, Meiser-Stedman R, Smith P. The Children's Revised Impact of Event Scale (CRIES): Validity as a screening instrument for PTSD. *Behavioural and Cognitive Psychotherapy*. 2005;33(4):487-98.
2. Verlinden E, van Meijel EP, Opmeer BC, Beer R, de Roos C, Bicanic IA, et al. Characteristics of the Children's Revised Impact of Event Scale in a clinically referred Dutch sample. *Journal of Traumatic Stress*. 2014;27(3):338-44.
3. Nader K, Kriegler J, Blake D, Pynoos R, Newman E, Weathers F. Clinician administered PTSD scale for children and adolescents for DSM-IV (CAPS-CA). Los Angeles, USA: National Center for PTSD & UCLA Trauma Psychiatry Program collaboration. 1998.
4. Diehle J, de Roos C, Boer F, Lindauer RJ. A cross-cultural validation of the Clinician Administered PTSD Scale for Children and Adolescents in a Dutch population. *European Journal of Psychotraumatology*. 2013;4(1):19896.
5. Silverman WK, Saavedra LM, Pina AA. Test-retest reliability of anxiety symptoms and diagnoses with the Anxiety Disorders Interview Schedule for DSM-IV: child and parent versions. *Journal of the American Academy of Child & Adolescent Psychiatry*. 2001;40(8):937-44.
6. Steinberg AM, Brymer MJ, Kim S, Briggs EC, Ippen CG, Ostrowski SA, et al. Psychometric properties of the UCLA PTSD reaction index: part I. *Journal of traumatic stress*. 2013;26(1):1-9.
7. Chorpita BF, Yim L, Moffitt C, Umemoto LA, Francis SE. Assessment of symptoms of DSM-IV anxiety and depression in children: A revised child anxiety and depression scale. *Behaviour research and therapy*. 2000;38(8):835-55.
8. Kösters MP, Chinapaw MJ, Zwaanswijk M, van der Wal MF, Koot HM. Structure, reliability, and validity of the revised child anxiety and depression scale (RCADS) in a multi-ethnic urban sample of Dutch children. *BMC psychiatry*. 2015;15(1):132.
9. Achenbach TM. Manual for the youth self-report and 1991 profile: Department of Psychiatry, University of Vermont Burlington; 1991.
10. Achenbach TM, Edelbrock CS. Manual for the child behavior checklist and revised child behavior profile. 1983.
11. Verhulst FC, van der Ende J, Koot JM. Youth Self-Report (YSR): Afdeling Kinder-en Jeugdpsychiatrie, Sophia Kinderziekenhuis/Academisch ...; 1997.
12. Kaufman J, Birmaher B, Brent D, Rao U, Flynn C, Moreci P, et al. Schedule for affective disorders and schizophrenia for school-age children-present and lifetime version (K-SADS-PL): initial reliability and validity data. *Journal of the American Academy of Child & Adolescent Psychiatry*. 1997;36(7):980-8.
13. Costello EJ, Angold A. Scales to assess child and adolescent depression: checklists, screens, and nets. *Journal of the American Academy of Child & Adolescent Psychiatry*. 1988;27(6):726-37.
14. Birmaher B, Khetarpal S, Brent D, Cully M, Balach L, Kaufman J, et al. The screen for child anxiety related emotional disorders (SCARED): Scale construction and psychometric characteristics. *Journal of the American Academy of Child & Adolescent Psychiatry*. 1997;36(4):545-53.
15. Solomon O, MacIsaac J, Quach H, Tindula G, Kobor MS, Huen K, et al. Comparison of DNA methylation measured by Illumina 450K and EPIC BeadChips in blood of newborns and 14-year-old children. *Epigenetics*. 2018;13(6):655-64.
16. Van Iterson M, Tobi EW, Sliker RC, Den Hollander W, Luijk R, Slagboom PE, et al. MethylAid: visual and interactive quality control of large Illumina 450k datasets. *Bioinformatics*. 2014;30(23):3435-7.
17. Aryee MJ, Jaffe AE, Corrada-Bravo H, Ladd-Acosta C, Feinberg AP, Hansen KD, et al. Minfi: a flexible and comprehensive Bioconductor package for the analysis of Infinium DNA methylation microarrays. *Bioinformatics*. 2014;30(10):1363-9