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Epigenome-wide Meta-analysis of DNA Methylation and Childhood Asthma

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mm, M.S.* 1 EPIGENOME-WIDE META-ANALYSIS OF DNA METHYLATION AND CHILDHOOD 2 ASTHMA 3 Sarah E. Reese, Ph.D. 1^* 4 Cheng-Jian Xu, Ph.D. $2-4*$ 5 Herman T. den Dekker, M.D., Ph.D.^{5-7*} 6 Mi Kyeong Lee, Ph.D. 1^* 7 Sinjini Sikdar, Ph.D. 1 8 Carlos Ruiz-Arenas, M.Sc.⁸⁻¹⁰ 9 Simon K. Merid, B.Sc. 11 10 Faisal I. Rezwan, Ph.D. 12 11 Christian M. Page, Ph.D.^{13, 14} 12 Vilhelmina Ullemar, Ph.D.¹⁵ 13 Phillip E. Melton, Ph.D.^{16, 17} 14 Sam S. Oh, $Ph.D.¹⁸$ 15 Ivana V. Yang, Ph.D. 19 16 Kimberley Burrows, Ph.D.^{20, 21} 17 Cilla Söderhäll, Ph.D.^{22, 23} 18 Dereje D. Jima, M.Sc. 24,25 19 Lu Gao, BS^{26} 20 Ryan Arathimos, B.Sc.^{21, 27} 21 Leanne K. Küpers, Ph.D.^{20, 21, 28} 22 Matthias Wielscher, Ph.D.²⁹ 23 Peter Rzehak, Ph.D.³⁰ 24 Jari Lahti, Ph.D. $31, 32$ 25 Catherine Laprise, Ph.D. $^{33, 34}$ 26 Anne-Marie Madore, Ph.D.³⁴ 27 James Ward, $Ph.D.¹$ 28 Brian D. Bennett, Ph.D. $¹$ </sup> 29 Tianyuan Wang, Ph.D. 1 30 Douglas A. Bell, $Ph.D.¹$ 31 The BIOS Consortium 32 Judith M. Vonk, Ph.D. $4, 28$ 33 Siri E. Håberg, M.D., Dr.P.H.³⁵ 34 Shanshan Zhao, $Ph.D.¹$ 35 Robert Karlsson, Ph.D.¹⁵ 36 Elysia Hollams, Ph.D.³⁶ 37 Donglei Hu, Ph.D.¹⁸ 38 Adam J. Richards, Ph.D.¹⁹ 39 Anna Bergström, Ph.D.^{11, 37} 40 Gemma C. Sharp, Ph.D.^{20, 21, 38} 41 Janine F. Felix, M.D., Ph.D.^{5, 7, 39} 42 Mariona Bustamante, Ph.D.^{8-10, 40} 43 Olena Gruzieva, Ph.D.^{11, 37}

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231 **ABSTRACT**

232 Background: Epigenetic mechanisms, including methylation, may contribute to childhood 233 asthma. Identifying DNA methylation profiles in asthma may inform disease pathogenesis.

234 Objective: To identify differential DNA methylation in newborns and children related to 235 childhood asthma.

236 Methods: Within the Pregnancy And Childhood Epigenetics (PACE) consortium, we performed 237 epigenome-wide meta-analyses of school-age asthma in relation to CpG methylation 238 (Illumina450K) in blood measured either in newborns, in prospective analyses, or cross-239 sectionally, in school-age children. We also identified differentially methylated regions (DMRs).

entifying DNA methylation profiles in asthma may inform disease pathogenesis.
To identify differential DNA methylation in newborns and children relatest
hma.
Within the Pregnancy And Childhood Epigenetics (PACE) consortium 240 Results: In newborns (8 cohorts, 668 cases), 9 CpGs (and 35 regions) were differentially 241 methylated (epigenome-wide significance, FDR<0.05) in relation to asthma development. In 242 cross-sectional meta-analysis of asthma and methylation in children (9 cohorts, 631 cases), we 243 identified 179 CpGs (FDR<0.05) and 36 differentially methylated regions. In replication studies 244 of methylation in other tissues, most of the 179 CpGs discovered in blood replicated, despite 245 smaller sample sizes, in studies of nasal respiratory epithelium or eosinophils. Pathway analyses 246 highlighted enrichment for asthma-relevant immune processes and overlap in pathways 247 enriched both in newborns and children. Gene expression correlated with methylation at most 248 loci. Functional annotation supports regulatory impact on gene expression at many asthma-249 associated CpGs. Several implicated genes are targets for approved or experimental drugs, 250 including *IL5RA* and *KCNH2*.

- 251 Conclusion: Novel loci differentially methylated in newborns represent potential biomarkers of
- 252 risk of developing asthma by school age. Cross-sectional associations in children may reflect
- 253 both risk for and effects of disease. Asthma-related differential methylation in blood in children
- Ary replicated in eosinophils and respiratory epithelium.

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Ary Manuscr 254 substantially replicated in eosinophils and respiratory epithelium.
- 255
- 256 Abstract Word Count: 249

- 257 **Key Messages**: This large-scale genome-wide meta-analysis of DNA methylation and childhood
- 258 asthma identified novel epigenetic variations related to asthma in newborns and children.

259 **Capsule Summary:**

- 260 This large-scale genome-wide meta-analysis identified variation in DNA methylation related to
- mmary:

cale genome-wide meta-analysis identified variation in DNA methylation related asthma, prospectively in newborns and cross-sectionally in children;

of asthma development and biologic effects that may shed light on 261 childhood asthma, prospectively in newborns and cross-sectionally in children; these
- 262 biomarkers of asthma development and biologic effects that may shed light on disease
- 263 mechanisms.
- 264
- 265 Key words: epigenetics, methylation, asthma, childhood, newborn, drug development.
- 266 Abbreviations:
- 267 CpG C phosphate G site
- 268 OR odds ratio
- 269 CI confidence interval
- 270 GWAS Genome-Wide Association Study

272 **INTRODUCTION**

or in the state analyses have identified many loci related to ast
explain only a modest proportion of variation in asthma risk². Increasing evice
at epigenetic variation may play a role in asthma pathogenesis⁴. DNA met 273 Asthma is the most common chronic disease of childhood¹, but the underlying mechanisms 274 remain poorly understood. GWAS meta-analyses have identified many loci related to asthma², 275 but these explain only a modest proportion of variation in asthma risk³. Increasing evidence 276 suggests that epigenetic variation may play a role in asthma pathogenesis⁴. DNA methylation is 277 the most studied epigenetic modification in humans. Prospective examination of methylation 278 patterns in newborns in relation to asthma development may identify genes and mechanisms 279 involved in the developmental origins of asthma⁵.

280 Epigenome-wide association studies (EWAS) of DNA methylation in blood in relation to asthma 281 (number of cases range from 16 to 149)⁶⁻¹² have identified differential methylation at some 282 specific gene regions. The only meta-analysis of epigenome-wide methylation in childhood 283 asthma included 392 cases but did not examine newborn methylation¹³. Larger meta-analysis, 284 including both methylation in newborns and at later ages, would increase power for 285 identification of novel loci.

286 Using the Illumina HumanMethylation450K BeadChip (Illumina450K), we performed a large-287 scale meta-analysis of childhood asthma in relation to whole blood DNA methylation in 288 newborns to evaluate whether methylation patterns at birth relate to disease development. 289 We separately examined cross-sectional associations between whole blood DNA methylation 290 and the presence of asthma in children, at least of school age. We investigated the association 291 of DNA methylation in blood and asthma at both individual sites and over genomic regions and 292 evaluated the potential functional impact of findings by integrating gene expression, pathway

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293 analyses, detailed functional annotation, and searching for druggable targets of differentially 294 methylated loci. We also followed up our findings using methylation data in eosinophils and 295 from nasal respiratory epithelium.

296 **METHODS**

297 The Online Repository provides additional details on methods.

298 **STUDY POPULATION**

LATION

Manus Childhood Epigenetics (PACE) is an international consortium of cohorts

MC DNA methylation data at birth (newborns) or in childhood¹⁴. In prospie

e evaluated childhood asthma at school age in relation to 299 Pregnancy and Childhood Epigenetics (PACE) is an international consortium of cohorts with 300 Illumina450K DNA methylation data at birth (newborns) or in childhood¹⁴. In prospective 301 analyses, we evaluated childhood asthma at school age in relation to blood DNA methylation 302 data from newborns (8 cohorts: ALSPAC, CHS, EDEN, Generation R, GOYA, MoBa1, MoBa2, 303 NEST). We also conducted cross-sectional analyses of methylation measured in children in 304 relation to asthma status at that same time point (9 cohorts: BAMSE EpiGene, BAMSE MeDALL, 305 CHOP, GALA II, ICAC, NFBC 1986, PIAMA, Raine Study, STOPPA). To avoid problems from small 306 numbers, we set a minimum of 15 cases for participating cohorts to perform analyses.

307 **HARMONIZATION OF CHILDHOOD ASTHMA VARIABLES**

308 We developed a harmonized definition of asthma based on the questionnaire data available in 309 each cohort. Asthma was assessed at school age, defined as age 5 years or older and varied by 310 cohort. Asthma was defined by doctor diagnosis of asthma and the report of at least one of the 311 following: (a) current asthma, (b) asthma in the past year, or (c) asthma medication use in the 312 last year. Non-cases were children who had never had asthma.

313 **METHYLATION DATA MEASUREMENTS AND QUALITY CONTROL**

ults^{15, 16}. Probes on the X and Y chromosomes were removed as were those w¹
seent in the last 5 base pairs of the probe which could interfere with binding. Re
probes a priori that have appeared on various published lis 314 DNA methylation was measured using the Illumina450K platform. Cohorts performed their own 315 quality control, normalization, and analyzed untransformed beta values. We previously found 316 that the use of different pre-processing or normalization methods did not influence meta-317 analysis results^{15, 16}. Probes on the X and Y chromosomes were removed as were those where a 318 SNP was present in the last 5 base pairs of the probe which could interfere with binding. Rather 319 than remove probes a priori that have appeared on various published lists of potentially cross-320 reactive probes or probes nearby SNPs, we examined post hoc those that appear in statistically 321 significant results $^{17, 18}$.

322 **ANNOTATION OF CPGS**

323 Tables include the UCSC RefGene name from Illumina's annotation file and enhanced 324 annotation to UCSC Known Gene. UCSC Known Gene annotations include the nearest gene 325 within 10 Mb of each CpG and fill in many missing gene names. All annotations use the human 326 February 2009 (GRCh37/hg19) assembly.

327 **COHORT SPECIFIC STATISTICAL ANALYSES**

328 The association of methylation and asthma was assessed using logistic regression. Covariates 329 included in adjusted models were maternal age, sustained maternal smoking during 330 pregnancy¹⁵, maternal asthma, socioeconomic status, and child's sex. Cohorts adjusted for 331 batch effects using ComBat¹⁹, SVA²⁰, or by including a batch covariate in their models. We also 332 adjusted for potential cell type confounding by including estimated proportions calculated 333 using the Houseman method²¹ with a cord blood reference panel²² for newborn cohorts or an

334 adult blood reference panel²³ for child cohorts. The primary models presented include 335 adjustment for covariates and cell type; reduced models are presented for comparison.

336 **META-ANALYSES**

rsts
consortium genomic analyses^{24, 25}, we meta-analyzed the study specific results
iance-weighting, also referred to as fixed effects meta-analysis, with METAL²
for multiple testing by controlling for the false discov 337 As in other consortium genomic analyses^{24, 25}, we meta-analyzed the study specific results using 338 inverse variance-weighting, also referred to as fixed effects meta-analysis, with METAL²⁶. We 339 accounted for multiple testing by controlling for the false discovery rate (FDR) at 0.05²⁷. To 340 enable readers to assess whether the results across studies are consistent, we provide forest 341 plots of the study specific effect estimates and 95% confidence intervals. As another way to 342 visualize meaningful heterogeneity or influential results, we also provide plots, for all significant 343 CpGs, of regression coefficients and 95% confidence intervals where we leave out one cohort at 344 a time. Although inverse-variance weighted meta-analysis does not require the assumption of 345 homogeneity²⁵, where there is even nominal evidence for heterogeneity (P-value for 346 heterogeneity <0.05, without correction for multiple testing) for any CpG we report as genome 347 wide significant, we also provide meta-analysis P-values from standard random effects meta-348 analysis using METASOFT 28 .

349 **ANALYSES OF DIFFERENTIALLY METHYLATED REGIONS (DMRS)**

350 Differentially methylated regions (DMRs) were identified using two methods, comb-p²⁹ and 351 DMRcate³⁰. To correct for multiple comparisons, comb-p uses a one-step Šidák correction²⁹, 352 while DMRcate uses an FDR correction³⁰. Each method requires the input of parameters to be 353 used in selecting the regions. DMRcate³⁰ has default values for the minimum number of CpGs in

354 a region (=2) and minimum length=1000 nucleotides; we used these values in comb-p to 355 maximize comparability. To be conservative, we set the significance threshold at 0.01, rather 356 than 0.05, and only considered a DMR to be statistically significant if it met this threshold in 357 both packages (Šidák corrected P-value<0.01 from comb-p and FDR<0.01 from DMRcate). 358 DMRcate annotates DMRs to UCSC RefGene from the Illumina annotation file.

359 **FUNCTIONAL FOLLOW-UP OF SIGNIFICANT DNA METHYLATION FINDINGS**

360 *Correlation of differentially methylated sites with expression of nearby genes*

ges (Sidák corrected P-value<0.01 from comb-p and FDR<0.01 from DMR
motates DMRs to UCSC RefGene from the Illumina annotation file.
Fotow-up or Significant DNA METHYLATION Finding annotation file.
Fotow-up or Significant 361 To examine whether differentially methylated sites impact gene expression, we analyzed paired 362 methylation and gene expression data, both measured in blood, from several datasets³¹⁻³⁷ (see 363 Online Repository): two with methylation and gene expression in newborns $32-34$ (GEO 364 [GSE62924 and GSE48354], N=38 and IoW, N=157), one with newborn methylation and gene 365 expression at age four years³⁵ (INMA, N=113), another with gene expression and methylation 366 both measured at age four³⁵ (INMA, N=112), one with both measured at age 16^{38} (BAMSE, 367 N=248), and the largest with both measured in adults^{36, 37} (BIOS, N=3,096). For each of our 368 significant CpGs, we examined the association with expression of transcripts within a 500kb 369 window (+/-250kb from the CpG). For differentially methylated regions, we used a window 370 250kb up- and down-stream of the end and start site of each region. A given CpG or region may 371 have more than one gene transcript in this window. In the smaller datasets of paired gene 372 expression and methylation in newborns or children, we report nominal evidence for 373 significance (P<0.05); for the much larger adult dataset, we report associations based on 374 FDR<0.05.

375 *Functional annotation*

of the Netherlands) (https://www.qiagenbioinformatics.com/products/ingendity Pathway Analysis (IPA) (Ql.

2. the Netherlands) (https://www.qiagenbioinformatics.com/products/ingenditysis)⁴⁰. Due to possible uncertainty re 376 To identify tissue or cell type specific signals in significant EWAS results, we used eFORGE³⁹. 377 Pathway and network analyses were conducted using Ingenuity Pathway Analysis (IPA) (QIAGEN 378 Inc., Venlo, the Netherlands) (https://www.qiagenbioinformatics.com/products/ingenuity-379 pathway-analysis)⁴⁰. Due to possible uncertainty regarding genome annotation of probes 380 flagged in the literature as potentially cross-reactive⁴¹, we excluded those from pathway 381 analyses. We also compared our methylation findings to published studies of methylation in 382 relation to asthma and evaluated whether the implicated genes overlap with loci identified in 383 GWAS^{42, 43}. Additionally, we matched the genes to which our asthma-associated CpGs and 384 DMRs annotated against the ChEMBL database (v22.1) to identify whether any are targets of 385 approved drugs or drugs in development 44 .

386 **LOOK-UP REPLICATION OF SIGNIFICANT DNA METHYLATION FINDINGS IN NASAL RESPIRATORY EPITHELIUM AND** 387 **EOSINOPHILS**

388 We examined the cell-type specificity of significant findings in whole blood in childhood by 389 doing a look-up in two datasets with methylation measured with the Illumina450K in 390 respiratory epithelium collected by nasal brushing [455 16-year-old Dutch children (37 with 391 asthma) from the PIAMA study¹³ and 72 African-American children (36 asthmatics, 38 non-392 asthmatics)⁴⁵] and in a study with methylation measured with the Illumina450K in eosinophils 393 isolated from blood⁴⁶ [16 asthmatics and 8 non-asthmatics aged 2-56 years from the Saguenay-394 Lac-Saint-Jean (SLSJ) region in Canada^{13, 47}].

395 **RESULTS**

ris, the cross-sectional analysis of inetriviation in children in relation to as
cohorts with mean ages at assessment of both asthma status and methy
m7 to 17 years (Table 1 contains counts by cohort; Table E1 in the Onlin 396 The prospective analysis of newborn methylation in relation to asthma development included 397 eight cohorts; the cross-sectional analysis of methylation in children in relation to asthma 398 included 9 cohorts with mean ages at assessment of both asthma status and methylation 399 ranging from 7 to 17 years (Table 1 contains counts by cohort; Table E1 in the Online Repository 400 contains descriptive statistics). As newborn DNA methylation is measured at birth, the age at 401 asthma assessment is the time between assessment of methylation and asthma status in the 402 prospective analyses. All models included covariates and cell type unless otherwise noted. 403 Some studies oversampled asthma cases within their population-based cohorts using a nested 404 case-control or case-cohort design for methylation measurement, hence the case-control ratio 405 varies across studies.

406 **ASTHMA IN RELATION TO NEWBORN DNA METHYLATION**

407 Meta-analysis of asthma and newborn methylation (668 cases, 2,904 non-cases, 8 cohorts, 408 ALSPAC, CHS, EDEN, Generation R, GOYA, MoBA1, MoBa2, and NEST), identified 9 statistically 409 significant (FDR<0.05) individual CpGs (Manhattan and volcano plots in Figure 1). The 9 CpGs 410 include two that have appeared on a list of poorly hybridizing probes⁴¹ and thus must be 411 regarded with caution (ch.11.109687686R and ch.6.1218502R). The other seven CpGs 412 annotated to the following genes: *CLNS1A*, *MAML2/Mir_548*, *GPATCH2/STATA17*, 413 *SCOC/LOC100129858*, *AK091866*, *SUB1*, and *WDR20* (Table 2). We identified 35 significant 414 DMRs (Table 3; Table E2 for individual CpGs within DMRs); DMRs did not overlap the significant 415 CpGs. Seven of the 9 significant CpGs showed higher methylation in children who developed

416 asthma than in non-cases. All 9 CpGs had P≤3.55x10⁻³ in a crude model and P≤4.16x10⁻⁴ in the 417 covariate-adjusted models that did not include cell-type (Table E3 in the Online Repository). 418 None of the 9 CpGs had been previously reported in the literature (Table E4 in the Online 419 Repository).

Is a showing the cohort specific odds ratios and 95% confidence intervals for shown in Figure E1 in the Online Repository. Two cohorts in the newborn and influential. The forest plots (Figure E1) suggest that for just 1 of 420 Forest plots, showing the cohort specific odds ratios and 95% confidence intervals for the 9 421 CpGs, are shown in Figure E1 in the Online Repository. Two cohorts in the newborn analysis 422 include individuals of non-European ancestry (NEST and CHS), therefore we evaluated whether 423 these were influential. The forest plots (Figure E1) suggest that for just 1 of the 9 CpGs 424 (cg07156990), the size of the effect estimate was larger in NEST than in other studies, but the P-425 value for heterogeneity was not close to statistically significant (Pheterogeneity=0.26) and after 426 removing NEST, the meta-analysis p-value was attenuated only slightly to 2.8x10⁻⁶ from 9.5x10⁻⁷. 427 When we repeated the meta-analysis removing both NEST and CHS, results were very 428 consistent with those from all cohorts (correlation of the regression coefficients = 0.996). With 429 respect to tests of heterogeneity, only one of the 9 CpGs, cg13289553, gave a p-value for 430 heterogeneity that was even nominally significant (Pheterogeneity=0.04, Table E3 in the Online 431 Repository includes Pheterogeneity for all 9 CpGs and the random effects meta-analysis results for 432 this CpG); GOYA had the largest magnitude of association but effect estimates were in the same 433 positive direction across studies (Figure E1). Analyses leaving out one cohort at a time does not 434 suggest that any of the results are driven by a single cohort (plots of untransformed effect 435 estimates and 95% CI are in Figure E2 in the Online Repository).

436 **ASTHMA IN RELATION TO CHILDHOOD DNA METHYLATION**

437 In meta-analysis of asthma in relation to DNA methylation measured in childhood (631 cases, 438 2,231 non-cases, 9 cohorts, BAMSE EpiGene, BAMSE MeDALL, CHOP, GALA II, ICAC, NFBC, 439 PIAMA, Raine Study, and STOPPA), we identified 179 CpGs at genome-wide significance 440 (FDR<0.05) (Manhattan and volcano plots in Figure 2; results for all 179 CpGs in Table E5 in the 441 Online Repository). Nearly all (173 of 179) showed decreased methylation in asthma versus 442 non-cases; similar predominant directionality was seen in a recent study¹³.

(Manhattan and volcano plots in Figure 2; results for all 179 CpGs in Table E5 is
ository). Nearly all (173 of 179) showed decreased methylation in asthma v
similar predominant directionality was seen in a recent study¹⁸ 443 As in the newborn analysis, results were consistent across studies for the 179 significant CpGs 444 (forest plots in Figure E3, plots of regression coefficients and 95% confidence intervals from 445 analyses leaving one cohort out at a time in Figure E4 in the Online Repository). Two of the 446 cohorts were adolescents (NFBC: mean age=16.0, SD=0.4; Raine: mean age=17.0, SD=0.2); 447 repeating the meta-analysis without these two cohorts gave high correlations with the values 448 for our FDR significant findings from all cohorts (correlation of coefficients = 0.96). Because two 449 studies included individuals who were not of European ancestry – ICAC and GALA – we 450 compared significant results with and without including these two studies and found them to 451 be very similar (correlation of coefficients = 0.99). Table E5 in the Online Repository provides P-452 values for heterogeneity and, where those are even nominally significant ($P_{heterogeneity} < 0.05$), 453 random effects meta-analysis results.

454 Of the 179 FDR significant CpGs, 34 CpGs were not singletons (i.e., more than one significant 455 CpG annotated to a given gene). These 34 non-singleton CpGs correspond to 13 genes: *ACOT7*, 456 *LOC100189589*, *IL5RA*, *SLC25A26*/*LRIG1*, *RPS6KA2*, *KCNH2*, *ZNF862*/*BC045757*, *AK096249*, *PRG2*, 457 *EVL*/*AX747103*, *KIAA0182*, *ZFPM1*, and *EPX* (Table 4). We identified 36 significant DMRs by both

458 calling methods (Table 5). Of the 179 FDR significant CpGs, 31 fell within one of these 36 DMRs,

459 and 21 of the 36 DMRs contained at least one FDR significant CpG.

ies in our meta-analysis of asthma in relation to childhood methylation (PI
DALL, and BAMSE-Epigene) also contributed to a recent meta-analysis of
and school-aged asthma outcomes¹³; these studies contributed only a qu
t 460 Three studies in our meta-analysis of asthma in relation to childhood methylation (PIAMA, 461 BAMSE-MeDALL, and BAMSE-Epigene) also contributed to a recent meta-analysis of both 462 preschool and school-aged asthma outcomes 13 ; these studies contributed only a quarter 463 (n=155) of the 636 cases in our meta-analysis. That EWAS meta-analysis of asthma at preschool 464 and school-age¹³ identified 14 CpGs at genome-wide significance; seven were among our 179 465 genome-wide significant findings for childhood methylation (cg13835688, cg14011077, 466 cg03131767, cg13628444, cg10142874, cg01901579, cg01445399) and six others represented 467 in our dataset (cg15344640, cg11456013, cg01770400, cg19764973, cg08085199, cg16592897), 468 were nominally statistically significant (P<0.05) and direction matched for all 13. When 469 repeating the meta-analysis excluding those three studies, 13 out of the 14 CpGs had P<0.05 470 and directions of association matched; only cg06483820 gave no evidence for association 471 (P=0.74). In additional comparison to the literature, differential methylation in *ACOT7* and *AT2 ZFPM1* was previously identified in EWAS of blood in relation to immunoglobulin E^{48} and in two 473 of our contributing studies, ICAC and ALSPAC, to asthma^{10, 12} as well as in an EWAS of nasal 474 epithelium to asthma 45 .

475 Comparing newborn and childhood methylation models, none of the 9 FDR-significant CpGs for 476 newborn methylation were nominally significant (p<0.05) in the childhood methylation analysis. 477 Only 6 of the 179 CpGs significant for asthma in relation to childhood methylation were at least

478 nominally significant for newborn methylation; two of these had consistent directions of effect 479 [cg16409452 (*EVL*) and cg09423651 (*NCK1*)].

480 **REPLICATION OF FINDINGS FOR ASTHMA IN RELATION TO CHILDHOOD METHYLATION IN NASAL EPITHELIUM**

of FINDINGS FOR ASTHMA IN RELATION TO CHILDHOOD METHYLATION IN NASAL EPTHELIUM
were also differentially methylated in relation to current asthma in nasal epith
studies (Table E6 in the Online Repository). Among 455 Dutch c 481 We assessed whether the 179 CpGs differentially methylated in blood in relation to asthma in 482 childhood were also differentially methylated in relation to current asthma in nasal epithelium 483 from two studies (Table E6 in the Online Repository). Among 455 Dutch children (37 with 484 asthma) studied at age 16^{13} , we found evidence for replication for 20 CpGs: matching direction 485 of effect estimates and nominal significance (P<0.05). Among African-American children aged 486 10-12 with persistent asthma plus atopy (36 cases) compared with 36 non-asthmatic, non-487 atopic children, 128 of the 179 CpGs gave effect estimates for asthma in the same direction and 488 also had P<0.05 for association.

489 **REPLICATION OF FINDINGS FOR ASTHMA IN RELATION TO CHILDHOOD METHYLATION IN EOSINOPHILS**

490 We looked up the 179 CpGs differentially methylated in childhood in relation to asthma in 491 EWAS of 16 asthma cases and 8 non-cases in whom methylation had been measured in purified 492 eosinophils. Of the 177 CpGs included in this dataset, all directions of association with asthma 493 were the same as in PACE and 148 gave P<0.05 (Table E7 in the Online Repository).

494 **FUNCTIONAL ANNOTATION**

495 For the newborn analysis, among the 7 significant CpGs (after removing the 2 "ch"-probes), all 7 496 were near a transcription factor binding site and 6 were in a DNase hypersensitivity site,

497 identified in at least one ENCODE cell line, supporting a potential functional relevance to 498 transcriptional activity (Figure E5 in the Online Repository).

179 CpGs significantly differentially methylated in childhood in relation to astignificant depletion of localization to CpG islands (17 CpGs, 9.5%, P=1.09x10⁻¹¹)
(34 CpGs, 19.0%, P=1.10x10⁻⁴). Functional annotation pl 499 Among the 179 CpGs significantly differentially methylated in childhood in relation to asthma, 500 there was significant depletion of localization to CpG islands (17 CpGs, 9.5%, P=1.09x10⁻¹¹) and 501 promoters (34 CpGs, 19.0%, P=1.10x10⁻⁴). Functional annotation plots are shown in Figure E6 in 502 the Online Repository for the 13 gene regions to which the 34 nonsingleton CpGs annotate. 503 Among the 179 CpGs, 113 were in DNAse hypersensitivity sites. Using eFORGE³⁹ to examine 504 enrichment of all 179 significant CpGs for histone marks (H3K27me3, H3K36me3, H3K4me3, 505 H3K9me3, and H3K4me1), we found significant enrichment for H3K4me1 in blood and lung and 506 H3K36me3 in blood (Figure E7 in the Online Repository).

507 **ASSOCIATION OF METHYLATION AND GENE EXPRESSION**

508 For the CpGs and regions we identified as differentially methylated in either newborns or 509 children in relation to asthma, we assessed association between paired levels of blood DNA 510 methylation and whole blood gene expression for nearby transcripts, defined as within a 500kb 511 window of the significant CpG or DMR, in newborns (GEO n=38, INMA n=113, IoW n=157), 512 children (4-year-olds in INMA n=112, 16-year-olds in BAMSE n=248) and adults (BIOS n=3,096).

513 Among 9 CpGs differentially methylated in newborns in relation to asthma, three CpGs were 514 associated with expression of a nearby transcript in three datasets (cg17333211 in newborns, 4- 515 year-olds, and adults, and cg02331902 and cg07156990 in two newborn datasets and 4-year-516 olds) and an additional three CpGs were associated with expression in two datasets

517 (cg13427149 in 16-year-olds and adults, and cg13289553 and cg21486411 in newborns and 4- 518 year-olds) (Table E8-A in the Online Repository). All regions differentially methylated in 519 newborns in relation to asthma were related to expression in at least one dataset (Table E8-B in 520 the Online Repository).

521 For methylation in childhood, nearly all (176/179) CpGs related to asthma also associated with 522 expression in at least one dataset (Table E8-C in the Online Repository). CpGs annotated to 523 *IL5RA* were significantly associated with expression in four cohorts (BIOS, INMA, IoW, and 524 BAMSE). All 36 regions differentially methylated in childhood were associated with expression 525 of a nearby transcript in at least one dataset (Table E8-D in the Online Repository).

526 **PATHWAY ANALYSIS**

Repository).

ation in childhood, nearly all (176/179) CpGs related to asthma also associated

in at least one dataset (Table E8-C in the Online Repository). CpGs annotat

at eignificantly associated with expression in fou 527 Using IPA, we identified pathways, as well as disease processes and biological functions, 528 significantly enriched (P<0.05) for the genes to which the significant individual CpGs or DMRs 529 annotated in the meta-analysis of asthma in relation to newborn or childhood methylation 530 (Tables E9 and E10 in the Online Repository). The genes to which the 7 significant CpGs (after 531 removing "ch"-probes) and 35 significant DMRs in the newborn methylation analysis were 532 annotated were significantly enriched (P<0.05) for canonical pathways relevant to immune 533 function in asthma including eNOS signaling, the inflammasome, and NF-κB signaling (Table E9). 534 Enriched disease processes and biologic functions included several involving immune function 535 and others involving immune and organ development (Table E9). Given the larger number of 536 implicated genes for childhood methylation, many more pathways, disease processes, and 537 biological functions were enriched (Table E10 in the Online Repository). There was substantial

538 overlap in newborns and children in the significantly enriched pathways and diseases and 539 biological function relevant to immune function, immunologic disease and development (Figure 540 E8). As an example, Figure 3 illustrates the network of four overlapping disease and biological 541 processes between newborns and children – tissue morphology, immunological disease, 542 inflammatory disease, and cell-mediated immune response.

543 **DRUGGABLE TARGETS**

Example of this capacity methylated immune response.

TARGETS

TO CONFIFICATION THEODOSISG2 and CASPB is the targe 544 Among regions differentially methylated in newborns in relation to later asthma, *RUNX1* is the 545 target of the agent CHEMBL2093862 and *CASP8* is the target of CHEMBL2105721 (Nivocasan), 546 an inhibitor of this caspase and two others (1 and 9). Among genes with individual CpGs 547 significantly differentially methylated in childhood in relation to asthma, *KCNH2* (3 significant 548 CpGs) is a target of several approved drugs with mechanism of action of blocking *HERG* 549 (human *Ether-à-go-go*-Related Gene), including the anti-arthymic agents amiodarone 550 hydrochloride, dofetilide, and sotalol. Notably, sotalol is also a beta-adrenergic receptor 551 antagonist. *IL5RA* (2 significant CpGs) is the target for a drug approved for use in severe asthma, 552 benralizumab, whose mechanism of action is antagonism of this gene⁴⁹. Several other genes 553 implicated by either individual CpG (16 genes) or DMR analysis (5 genes, including *IGF1R*) are 554 targets for approved or potential drugs (Tables E11 and E12 in the Online Repository).

555 **DISCUSSION**

The saured at until or childrood definited intimetross hover closs and relation to this common health outcome. The 9 CpGs and intimatily differentially methylated in relation to asthma in newborn blood DN
analyses of risk 556 This epigenome-wide meta-analysis of the association between childhood asthma and DNA 557 methylation measured at birth or childhood identified numerous novel CpGs and regions 558 differentially methylated in relation to this common health outcome. The 9 CpGs and 35 559 regions significantly differentially methylated in relation to asthma in newborn blood DNA are 560 potential markers of risk for disease development. There were many more statistically 561 significant associations of asthma in relation to childhood DNA methylation, with 179 CpGs and 562 36 regions; these may reflect both risk for and effects of this disease⁵⁰.

563 Among the significant CpGs in newborns, 6 were in DNAse hyper-sensitivity sites supporting 564 potential regulatory impact on gene function. Additionally, genes to which cg13427149 565 (*GPATCH2*/*SPATA17*) and cg16792002 (*MAML2*) annotate have previously been associated with 566 obesity phenotypes^{51, 52}; conditions that are related to childhood asthma. This supports the 567 potential functional importance and asthma relevance of our newborn findings.

568 Some CpGs on the 450K array have been reported as potentially polymorphic by virtue of 569 location near SNPs⁴¹. Given that many of the nearby SNPs are low frequency and most will not 570 interfere with probe binding, which would generate a truly spurious result, rather than filter 571 these in advance, in PACE we examined statistically significant CpGs post-hoc for occurrence on 572 lists of potentially problematic CpGs in the literature as recently recommended by others^{17, 18}. 573 Lists of potentially problematic probes change over time as do underlying gene annotations 53 . 574 We note that two of the 9 significant CpGs in newborn methylation (ch.11.109687686R and 575 ch.6.1218502R) were flagged as potentially non-specific ("ch") probes by Chen, et al. 41 . We

576 provide association results for these as they may be useful to others but, acknowledging this 577 caveat, do not include them in downstream analyses that assume certainty regarding gene 578 localization. With respect to the issue of CpGs previously reported as near SNPs, we visually 579 assessed plots of all significant CpGs in 3 of our largest cohorts [MoBa1 and Generation R for 580 newborn methylation (Figure E9) and STOPPA for childhood methylation (Figure E10)] to verify 581 unimodal distributions.

ots of all significant CpGs in 3 of our largest cohorts [MoBa1 and Generation
ethylation (Figure E9) and STOPPA for childhood methylation (Figure E10)] to
istributions.
ed many more CpGs and DMRs associated with later asth 582 We identified many more CpGs and DMRs associated with later asthma, likely because these 583 also capture disease effects. Our findings may also reflect different pathophysiological 584 mechanisms related to newborn vs childhood methylation and asthma. A comprehensive 585 search for methylation signals at birth that predict later development of asthma likely requires 586 much larger sample sizes given the intervening effects of exposures and developmental 587 processes that may outweigh effects of small methylation differences present at birth⁵⁴. 588 However, while overlap at the level of specific CpGs or DMRs was low, there was substantial 589 overlap at the pathway and network level (Figure 3 and Figure E8).

590 To follow-up our differentially methylated signals for potential functional impact, we examined 591 correlations with gene expression. Because of the relatively small sizes of the paired gene 592 expression datasets in newborns or children, we also examined a much larger dataset of adults 593 to increase power. Although the number of subjects in datasets of newborns or children with 594 both gene expression and methylation data were modest (range 38 to 248), limiting power to 595 find correlations, we found that a high proportion of CpGs and DMRs related to asthma were

596 also correlated with gene expression in at least one dataset in this age range. This further 597 supports the functional impact of our methylation findings.

598 Our search for druggable targets identified two genes from the newborn DMR analysis that are 599 targets for either approved or potential drugs. The childhood analysis identified more drug 600 targets. One of these genes, *IL5RA*, already has an approved asthma drug that inhibits its 601 product. This analysis further supports the relevance to asthma pathogenesis and potential 602 clinical usefulness of these findings. Investigating the potential to repurpose approved drugs for 603 new indications has been recently highlighted as cost-effective way to develop new therapeutic 604 modalities⁵⁵.

for druggable targets identified two genes from the newborn DMR analysis that

either approved or potential drugs. The childhood analysis identified more

ne of these genes, ILSRA, already has an approved asthma drug that 605 We meta-analyzed results across studies using fixed effects meta-analysis with inverse variance 606 weighting. Rice, et al. 25 have recently summarized issues regarding the choice of meta-analytic 607 models for combining study specific results in genomic analyses and show that inverse-variance 608 weighted average estimates a reasonable and interpretable parameter, even under the 609 assumption that effect sizes differ²⁵. Further, they point out that fixed effects meta-analysis 610 does not require the assumption of homogeneity. Rice, et al. 25 also emphasize the importance 611 of evaluating meta-analyses effect estimates and significance tests along with visualization of 612 study specific estimates rather than relying on a single statistical estimate of heterogeneity. 613 Accordingly, we provide forest plots, to show the consistency of study specific findings for all 614 significant meta-analysis results (Online Repository Figure E1 for newborn methylation and 615 Figure E3 for childhood methylation). Further, we performed a systematic leave-one-out meta-616 analysis for all significant CpGs, where we leave each cohort, out one by one (Figure E2 for

617 newborn and E4 for childhood methylation in the Online Repository). In addition, where there 618 is even nominal evidence for heterogeneity ($P_{heterogeneity}$ <0.05), we provide random effects 619 results in Tables E3 (newborn methylation) and E5 (childhood) in the Online Repository.

ize various limitations. As in most EWAS¹³, as well as GWAS meta-analyses⁵⁶, as
by questionnaires. As in Xu, et al. ¹³, we used reported doctor diagnosis com
toms and medication use. While the use of self-reported o 620 We recognize various limitations. As in most $EWAS^{13}$, as well as GWAS meta-analyses⁵⁶, asthma 621 was defined by questionnaires. As in Xu, et al. 13 , we used reported doctor diagnosis combined 622 with symptoms and medication use. While the use of self-reported outcomes can lead to 623 misclassification, this should be non-differential with respect to methylation and thus should 624 lead to bias toward the null rather than create false positive findings. We did not stratify the 625 analyses by allergic status because most cohorts do not have objective measures of atopy and, 626 in many cohorts, sample size would have been inadequate for stratification. We also note that 627 the diverse cohorts included in the analysis could have introduced heterogeneity based on 628 ancestry or, in the analysis of methylation in older children, two studies in older adolescents. 629 However, in the studies of older children, non-European ancestry of older children did not 630 appear to be influential in sensitivity analyses. While magnitudes of the associations are modest, 631 this is consistent with other genome wide analyses of methylation in newborns and children in 632 relation to various exposures^{15, 57, 58}. These effect sizes are not surprising given that highly 633 reproducible genetic signals discovered in asthma GWAS, such as *ORMDL3*⁵⁹, are also modest.

634 We used logistic regression in the prospective analyses of newborn methylation in relation to 635 asthma rather than Cox regression, which is not commonly used in high dimensional genomic 636 studies. If time to asthma were available or could be estimated reliably, a Cox model would be 637 more efficient. However, for asthma, the exact time to disease development is poorly

638 estimated. Thus, epidemiologic studies generally use age at diagnosis, but there can be a very 639 long lag between disease onset and diagnosis. In our scenario, where the exact time to asthma 640 is unknown, using error-prone outcomes can actually result in larger bias. Thus, considering the 641 tradeoff between bias and efficiency, logistic regression is the better option. We also note that 642 where the condition under study has lower than 10% prevalence, as is the case for our outcome, 643 asthma diagnosed at school age, the odds ratio is a good approximation of the hazard ratio⁶⁰. 644 To address the important aspect of age at diagnosis of asthma, we used the diagnosis age for 645 the harmonized definition of asthma. With the exception of a couple of studies, where 646 sensitivity analyses removing them did not suggest undue influence, the range of mean ages is 647 not large.

Extern bias and efficiency, logistic regression is the better option. We also note
condition under study has lower than 10% prevalence, as is the case for our out
gnosed at school age, the odds ratio is a good approximatio 648 Unmeasured confounding is a concern in all analyses of observational data. With high 649 dimensional genomic data, variability due to batch effects is an additional potential source of 650 unmeasured confounding 61 . In this meta-analysis, each cohort corrected for batch effects using 651 methods most suitable for their own data. In most studies, methylation analyses were 652 completed over a short period of time which greatly reduces batch effects⁶¹. When using 653 methods such as adjustment for batch variables or ComBat, one must specify the putative 654 batch variables. To the extent that there are unknown factors contributing to laboratory 655 variability, there may be residual confounding. Various methods have been proposed to 656 attempt to address unmeasured confounding in high dimensional data. However, in meta-657 analysis, findings, tend to be significant because they are consistent across studies. Thus, the 658 chance that in studies done in different countries, with methylation measured in different 659 laboratories and at different times, that unmeasured confounding is operating in the same

660 manner across studies, resulting in false positive significant associations in the meta-analysis, is 661 greatly reduced. Further in the childhood methylation analysis, we have substantial replication 662 of findings from a recently published meta-analysis¹³, even after overlapping individuals are 663 removed. In addition, the consistency of our findings from blood DNA with results for DNA 664 isolated from two tissues highly relevant for asthma, eosinophils and nasal respiratory 665 epithelium, provides compelling evidence that our findings are not driven by unmeasured 666 confounding.

In addition, the consistency of our findings from blood DNA with results for
om two tissues highly relevant for asthma, eosinophils and nasal respir
provides compelling evidence that our findings are not driven by unmea
g 667 Identification of differentially methylated regions provides a way to reduce the dimensionality 668 of the epigenome-wide methylation data and can identify associations at the regional level 669 where there are not individually significant CpGs. The two methods that we used for DMR 670 identification, DMRcate and comb-p, are the only two published methods available for use with 671 meta-analysis results^{29, 30}. A recent review noted that the various methods published for 672 identifying DMRs employ different assumptions and statistical approaches and thus rarely 673 identify exactly the same regions⁶². Accordingly, to reduce false positives, we reported only 674 DMRs identified as statistically significant by both methods.

675 We measured DNA methylation in whole blood, a mix of cell types. Cell counts were not 676 measured, but we adjusted our models for estimated cell counts using established reference-677 based methods to address confounding by cell type differences²¹. For childhood, as opposed to 678 newborn, methylation, we used an adult reference panel, because a suitable one is not 679 available for children. Notably, the considerable overlap between our findings in whole blood 680 and smaller studies of two highly asthma-relevant tissues, nasal epithelium, an excellent proxy

681 for airway epithelium in studies of asthma⁶³ and purified eosinophils, greatly reduces the 682 concern that our findings are false positives due to failure to fully account for the influence of 683 asthma on white blood cell proportions.

684 In addition to confirmation of findings in studies of eosinophils and nasal respiratory epithelium, 685 and the high power resulting from meta-analysis, other strengths of the study include our 686 efforts to standardize the definition of asthma across studies, the large sample size provided by 687 meta-analysis, and evaluation of potential biological implications of our findings by detailed 688 examination of functional annotation, pathway analysis, correlating differentially methylated 689 sites with gene expression and consideration of potential druggable targets.

to confirmation of findings in studies of eosinophils and nasal respiratory epith
the power resulting from meta-analysis, other strengths of the study include
andardize the definition of asthma across studies, the large sa 690 In summary, we identified numerous novel CpGs and regions associated with childhood asthma 691 in relation to DNA methylation measured either at birth, in prospective analyses, or in 692 childhood, in cross-sectional analyses. Many of the genes annotated to these CpGs and regions 693 are significantly enriched for pathways related to immune responses crucial in asthma; several 694 genes are targets for either approved or investigational drugs. Most differentially methylated 695 CpGs or regions correlated with expression at a nearby gene. Many more individual CpGs were 696 differentially methylated in childhood in relation to their current asthma status. There was 697 appreciable overlap with findings in nasal respiratory epithelium and purified eosinophils. The 698 CpGs and regions identified in newborns might be potential biomarkers of later asthma risk; 699 those identified in childhood likely reflect both processes that impact disease risk and effects of 700 having the disease. The novel genes implicated by this study may shed new light on asthma 701 pathogenesis.

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- 707 studies is in the Supplementary Materials.

708 **FIGURE LEGENDS**

- 709 Figure 1: Meta-analysis of asthma in relation to newborn methylation: (A) Manhattan plot and
- 710 (B) volcano plot. Model adjusted for covariates and cell-types.
- 711 Figure 2: Meta-analysis of asthma in relation to childhood methylation: (A) Manhattan plot and
- 712 (B) volcano plot. Model adjusted for covariates and cell-types. CpGs corresponding to genes
- 713 with more than one FDR<0.05 significant CpG are highlighted in red.
- prot. Model adjusted for covariates and cell-types.

Eta-analysis of asthma in relation to childhood methylation: (A) Manhattan plo

plot. Model adjusted for covariates and cell-types. CpGs corresponding to I

than one FDR 714 Figure 3: A network is shown for four categories of disease and biological functions overlapping 715 between analyses of asthma in relation to either newborn or childhood methylation -716 immunological disease, cell-mediated immune response, inflammatory disease and tissue 717 morphology. A gene is connected to a disease or function if it has been previously shown to be 718 involved in it. All the genes marked in red are implicated from newborn methylation analyses 719 and those in orange are implicated from childhood methylation analyses.

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Table 1: Samples sizes by cohort for epigenome wide association analyses of asthma in relation to DNA methylation in newborns or children. Cohort specific information on covariates is in Supplementary Table E1.

* ch probes (ch.11.109687686R and ch.6.1218502R) have been reported to be cross hybridizing and thus UCSC Known Gene is intentionally left blank.

** Annotation based on UCSC Known Gene also fills in nearest gene within 10 MB.

*** Odds ratio of developing asthma for a 1% absolute increase in methylation. Adjusted for covariates and cell type.

**** For each cohort participating in the analysis: + indicates a positive direction of effect, - indicates a negative direction of effect, and ? indicates missing information for that CpG in a given cohort. Cohort Order: ALSPAC, CHS, EDEN, Generation R, GOYA, MoBa1, MoBa2, NEST.

Table 3 Differentially methylated regions (DMRs; N=35) for asthma in relation to newborn methylation identified by both comb-p (P-value<0.01) and DMRcate (FDR<0.01) methods

chr:pos	Gene Name*	N CpGs	P-value from comb-p**	FDR from DMRCate***
		in region		
chr1:59280290-59280842	LINC01135	5	1.23E-03	1.01E-03
chr1:220263017-220263699	BPNT1; RNU5F-1	11	4.49E-04	7.74E-05
chr1:1296093-1296489	MXRA8	$\overline{2}$	9.83E-03	3.86E-04
chr2:202097062-202097608	CASP8	5	1.14E-03	1.64E-05
chr2:235004843-235005012	SPP ₂	$\overline{2}$	6.22E-03	1.15E-03
chr3:194188646-194189444	ATP13A3	$\overline{\mathbf{3}}$	1.06E-03	7.14E-04
chr4:113218385-113218525	ALPK1	3	2.00E-03	3.69E-04
chr5:158526108-158526694	EBF1	6	9.56E-04	2.16E-05
chr5:81573780-81574461	RPS23	11	3.75E-03	1.47E-04
chr5:64777678-64778186	ADAMTS6	10	7.09E-03	9.97E-05
chr6:291687-292824	DUSP22	9	6.69E-06	1.18E-05
chr6:32799997-32801050	TAP2	13	1.27E-03	6.66E-05
chr6:26234819-26235610	HIST1H1D	9	6.12E-03	7.67E-05
chr6:29648161-29649085	ZFP57	22	1.82E-08	3.13E-11
chr6:31055396-31055503	$C6$ orf 15	5	3.61E-04	7.05E-05
chr7:106694832-106695007	PRKAR2B	$\overline{2}$	6.86E-03	7.92E-04
chr7:87974722-87975316	STEAP4	4	2.32E-03	7.44E-05
chr7:158045980-158046359	PTPRN2	6	1.98E-03	5.94E-04
chr8:127889010-127889296	PCAT1	4	2.68E-05	1.44E-05
chr8:33370172-33371226	TTI ₂	9	1.08E-04	6.40E-06
chr10:71871364-71871634	H ₂ AFY ₂		8.06E-03	6.19E-04
chr10:65028929-65029169	JMJD1C	5	8.56E-03	6.12E-04
chr11:268923-269469	NLRP6	5	3.71E-03	1.42E-03
chr11:107328442-107328915	CWF19L2	$10\,$	5.10E-03	2.13E-05
chr12:74931289-74932008	ATXN7L3B	$10\,$	1.03E-03	2.81E-06
chr12:58329764-58330116	LOC100506844	5	1.58E-03	5.22E-04
chr13:108953659-108954055	TNFSF13B	2	5.19E-03	2.37E-03
chr13:31618695-31618744	TEX26	$\overline{2}$	4.63E-03	2.09E-04
chr14:69341139-69341739	ACTN1	4	1.36E-03	9.96E-04
chr16:20774873-20775353	ACSM3	5	3.47E-03	1.58E-03
chr17:74667833-74668253	LOC105274304	6	2.13E-03	8.34E-07
chr17:21029189-21029296	DHRS7B	$\overline{2}$	7.18E-03	5.11E-05
chr18:47813745-47815431	CXXC1	10	2.58E-05	1.68E-03
chr21:36421467-36421956	RUNX1	6	2.23E-03	1.67E-04
chr22:24372913-24374013	LOC391322	12	3.21E-04	1.35E-07

* DMRcate annotates to UCSC RefGene from Illumina annotation file.

** Comb-p uses a one-step Sidak multiple-testing correction on the regional P-value assigned using Stouffer-Liptak method.

*** DMRcate takes the minimum Benjamini-Hochberg False Discovery Rate (FDR) corrected P-value in the region as representative after recalculating P-values using Gaussian kernel smoothing.

Table 4 34 CpGs annotated to 13 genes with more than one FDR<0.05 significant CpG from the meta-analysis of asthma in relation to childhood methylation

* Annotation based on UCSC Known Gene also fills in nearest gene within 10 MB.

** Odds ratio of developing asthma for a 1% absolute increase in methylation. Adjusted for covariates and cell type.

*** For each cohort: + indicates a positive direction of effect, - indicates a negative direction of effect, and ? indicates missing information for that CpG. Cohort Order: BAMSE EpiGene, BAMSE MeDALL, CHOP, GALAII, ICAC, NFBC1986, PIAMA, RAINE, STOPPA

Table 5 Differentially methylated regions for asthma in relation to childhood methylation with adjustment for covariates and cell type identified by both comb-p (P-value<0.01) and DMRcate (FDR<0.01) methods

* DMRcate annotates to UCSC RefGene from Illumina annotation file. First listed gene shown.

** Comb-p uses a one-step Sidak multiple-testing correction on the regional P-value assigned using Stouffer-Liptak method.

*** DMRcate takes the minimum Benjamini-Hochberg False Discovery Rate (FDR) corrected P-value in the region as representative after recalculating P-values using Gaussian kernel smoothing.

ONLINE REPOSITORY

EPIGENOME-WIDE CONSORTIUM META-ANALYSIS OF DNAMETHYLATION AND CHILDHOOD ASTHMA

Supplementary Methods

1. COHORT SPECIFIC DESCRIPTIONS OF STUDY POPULATION, PHENOTYPE DATA, DNA METHYLATION DATA AND SUPPLEMENTAL ACKNOWLEDGEMENTS

ALSPAC

Study population

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inal Study of Parents and Children (ALSPAC) is a large, prospective cohort study

and In rotal, 14,541 pregnant women resident The Avon Longitudinal Study of Parents and Children (ALSPAC) is a large, prospective cohort study based in the South West of England. In total, 14,541 pregnant women residents in Avon, UK with expected delivery dates between 1st April 1991 and 31st December 1992 were initially enrolled; 13,988 children were alive at 1 year 1,2 . Please note that the study website contains details of all the data that are available through a fully searchable data dictionary (http://www.bris.ac.uk/alspac/researchers/data-access/data-dictionary/). The study has been approved by the ALSPAC Ethics & Law Committee (ALEC) and written consent was obtained from participating parents of their children.

Phenotype data

Questionnaires were sent to parents when the study children were around the age of 91 months. School age children (7 ½ years) were classified as having current asthma if the mother responded "yes" to the question "has a doctor ever actually said that your study child has asthma?" and in addition, responded "yes" to either of the following questions: "has he/she had any of the following in the past 12 months? [Asthma]" or "children often have accidents or illnesses that need treatment. Please indicate which of the following has been given to your child in the past 12 months. [Asthma medication]".

Covariates

Maternal age at delivery was derived from the mother's report of her own and child's dates of birth. Maternal social class was recorded and derived from self-report questionnaire data of occupation according to the Registrar General's Social Classes based upon SOC 2000 codes. Data were collapsed to low (classifications IV & V), middle (classifications of III (non-manual) & III (manual)) and high (classifications of I & II). Maternal smoking status was derived from self-report questionnaire data completed by the mother. Smoking status was recorded at 18 weeks and 32 weeks gestation and was defined as no smoking during pregnancy, smoked during early pregnancy and smoked throughout pregnancy. Maternal asthma was reported by questionnaire completed by the mothers at 12 weeks gestation. Child's sex was recorded as dichotomous variable.

DNA Methylation Data

MADO BeadChip assay was used to measure genome-wide methylation status.

MASOK BeadChip assay was used to measure genome-wide methylation status.

HSOK BeadChip assay was used to measure genome-wide methylation status.

T Cord blood (whole blood or buffy coats) was collected according to standard procedures, spun and frozen at - 80˚C. DNA-methylation data pre-processing was conducted as part of the Accessible Resource for Integrated Epigenomic Studies (ARIES) project [ariesepigenomics.org.uk] at the University of Bristol³. Briefly, DNA was bisulfite converted using Zymo EZ DNA MethylationTM kit (Zymo, Irvine, CA). The Illumina Infinium® HumanMethylation450k BeadChip assay was used to measure genome-wide methylation status. Assay arrays were scanned using the Illumina iScan and initial quality review was assessed using GenomeStudio (version 2011.1). Samples were distributed across slides using a semi-random approach. Samples with >20% probes with a detection p-value ≥0.01 failed quality control and were repeated. Genotype probes on the array were compared between samples of the same individuals and against genome wide SNP chip data to assess and remove any sample mismatches. The methylation data were pre-processed using the WateRmelon package in R (version 3.0.1) according to the subset quantile normalization approach as described by Touleimat and Tost⁴. After assaying, repeat assays, pre-processing QC and normalization, 485,577 probes were available. Probes with a detection p-value of >0.05 for >5% of samples (N=3,033), probes residing on the X and Y chromosome and SNPs (N=11,713) were removed. This resulted in 471,193 probes available for association analysis.

Technical batch was included in all analyses by adding several surrogate variables generated using the sva() function in the SVA R package. Surrogate variables (SVs) were generated separately for every model and for each exposure. Ten SVs were generated and only those that were not associated with the outcome measure were included as covariates within each model.

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Study population

The Children's Allergy Environment Stockholm Epidemiology study is a population-based birth cohort from Stockholm, Sweden. In short, 4,089 children born between 1994 and 1996 in four municipalities of Stockholm County were enrolled⁵. At baseline, when the infant was approximately 2 months of age, parents completed a questionnaire that assessed residential characteristics, as well as socioeconomic and lifestyle factors. When children were 1, 2, 4, 8, 12 and 16 years, the parents completed questionnaires focusing on children's symptoms related to wheezing and allergic diseases, as well as various exposures. The survey response rates

were 96%, 94%, 91%, 84%, 82% and 78%, respectively. Furthermore, blood was obtained at ages 4, 8 and 16 years from 2,605 (63.7%), 2,470 (60.4%) and 2,547 (62.2%) children, respectively. The baseline and follow-up studies were approved by the Regional Ethical Review Board, Karolinska Institutet, Stockholm, Sweden, and the parents of all participating children provided informed consent. BAMSE-MeDALL and BAMSE-EpiGene represent two sub-studies within BAMSE.

Phenotype Data

Asthma

In BAMSE, asthma is defined based on parental reports of doctor's diagnosis of asthma ("Has your child been diagnosed with asthma by a doctor up to eight years?") AND positive answer to one of the following questions at eight years:

 "Has your child had trouble with wheezing or raspy breathing in the last 12 months? OR "Has your child received treatment for breathing difficulties in the last 12 months with short-acting bronchodilation treatment, cortisone inhalation, so "called combination inhalers" and/or long-acting bronchodilation treatment?"

Covariates

is defined based on parental reports of doctor's diagnosis of asthma ("Has you
han by a doctor up to eight years?") AND positive answer to one of the followi
ad trouble with wheezing or raspy breathing in the last 12 month The current analyses include the children who had DNA methylation measurements, asthma or and covariate data (N=214 from BAMSE-MeDALL; N=214 from BAMSE- EpiGene), and each dataset was analysed independently. For both datasets, information on maternal age, smoking during pregnancy, maternal asthma, maternal socioeconomic status, and child's sex was collected via questionnaires completed by the parents⁵. Maternal age was included as a continuous variable. Maternal smoking status during pregnancy was classified into three groups: non-smoker, stopped smoking in early pregnancy, and smoked throughout pregnancy. Maternal asthma was included as a dichotomous variable. Maternal socioeconomic status was categorized into two groups: blue collar worker and white-collar worker, the latter including liberal professional patrician with university graduate jobs. Child's sex was included as a dichotomous variable.

DNA Methylation Data

The DNA methylation data were generated as part of MeDALL. For BAMSE-MeDALL Illumina450K methylation data were generated in Groningen, The Netherlands and Mutation Analysis Facility and for BAMSE-EpiGene, the data were generated at the Karolinska Institutet, Stockholm, Sweden⁶. Protocols for data generation and quality control were identical at the two sites. DNA from peripheral and cord blood samples was extracted using the QIAamp blood kit (Qiagen or equivalent protocols), followed by precipitation-based concentration using GlycoBlue (Ambion). DNA concentration was determined by Nanodrop measurement and Picogreen quantification. 500 ng of DNA was bisulphite-converted using the EZ 96-DNA methylation kit (Zymo Research), following the manufacturer's standard protocol. After verification of the bisulphite conversion step using Sanger Sequencing, DNA concentration was normalized and the samples were randomized to avoid batch effects. All paired samples were hybridized on the same chip. Standard male and female DNA samples were included in this step for quality control. In the BAMSE EpiGene study, epigenome-wide DNA methylation was measured in DNA extracted from blood samples collected at the age of 8 years. An aliquot (500 ng) of DNA per sample underwent bisulfite conversion using the EZ-96 DNA Methylation kit (Zymo Research Corporation, Irvine, USA). Samples were plated onto 96-well plates in randomized order. The same standard female DNA control sample that was also used in the MeDALL study was again included for quality control.

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CHOP

Study population

(European Childhood Obesity Project) is an ongoing European multicenteronal intervention study in 1678 healthy term newborns recruited between Octournently, infants are followed up until the age of 11years. Main objective The CHOP study (European Childhood Obesity Project) is an ongoing European multicenter randomized prospective nutritional intervention study in 1678 healthy term newborns recruited between October 1, 2002 and July 31, 2004. Currently, infants are followed up until the age of 11 years. Main objective of the CHOP study is to assess the effect of early and later nutrition on children's weight development, growth, body composition and risk of obesity and the role epigenetic and metabolic programming plays in this context. A detailed description of the study design and the comprehensive prospective measurements can be found in recent publications⁷⁻¹⁰. The local ethics committees of each study center approved all study procedures: Belgium (Comitè d'Ethique de L'Hopital Universitaire des Enfants Reine Fabiola; no. CEH 14/02), Germany (Bayerische Landesärztekammer Ethik-Kommission; no. 02070), Italy (Azienda Ospedaliera San Paolo Comitato Etico; no. 14/2002), Poland (Instytut Pomnik–Centrum Zdrowia Dziecka Komitet Etyczny; no 243/KE/2001), and Spain (Comité ético de investigación clinica del Hospital Universitario de Tarragona Joan XXIII). Written informed parental consent was obtained for each participating infant and from children of age 8 years onwards.

Phenotype Data

Asthma

In the CHOP study, asthma was defined based on the following questions asked on questionnaire completed by the mother when the child was 7 to 8 years of age (mean age (sd; range) = 7.1(0.29; 1.57)) and an evaluation of named asthma related medication by an experienced paediatrician. Children were classified as having asthma if the mother responded "YES" to the following questions: "Has your child ever been diagnosed by a physician/ paediatrician of asthma (NO/YES)" and named any asthma medication in response to the question "Is your child currently taking any medication? (>14 days) (NO/YES) Which? $"$.

Covariates

Information on maternal age, smoking during pregnancy, asthma, education, and child's sex was collected via questionnaire completed by the mother within the first 8 weeks after delivery. Maternal age was included as a continuous variable. Maternal smoking status during pregnancy was classified into three groups: non-smoker, stopped smoking in early pregnancy, and smoked throughout pregnancy. Reported doctor diagnosed maternal asthma was included as a dichotomous variable. Maternal educational level was categorized into three groups based on years of education: low = basic schooling only or less than 10 yrs.; medium = secondary schooling of

10 to less than 12 yrs; high = completion of college, university or at least 12 years of secondary schooling. Child's sex was included as a dichotomous variable.

The current analyses include the children who had DNA methylation measurements, school-age asthma and covariate data (n=382). Batch effects were accounted for by including categorized variable plate in the analyses.

DNA Methylation Data

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Mata

CDNA was extracted from peripheral blood cells from buffy coats, biguilite co

DNA Methylation Kit (Zymo Re In the CHOP study, epigenome-wide DNA methylation was measured with the Illumina Infinium HumanMethylation450K Bead Chip (HM450K) array in 384 children of age 5.5 years (Illumina Inc., San Diego, USA). Briefly, genomic DNA was extracted from peripheral blood cells from buffy coats, bisulfite converted (800 ng) with the EZ-96 DNA Methylation Kit (Zymo Research, Irvine, Ca; USA) and finally hybridized on the HM450K arrays at the Genome Analysis Center of Helmholtz Zentrum Muenchen, Munich, Germany. Details on preprocessing, normalization and quality control were previously described⁹. In brief, raw methylation data were pre-processed and normalized according to the approach of Touleimat and Tost⁴ with the modification of a beta-mixture quantile normalization (BMIQ) step¹¹. Quality control was conducted according to standard criteria: Retaining only probes with signals from ≥3 beads, detection *p*-values≤0.01 and samples with ≥80% significant probe methylation signals per sample. In addition, color bias correction and background adjustment were conducted with R-package lumi. However, except for identified cross-binding probes¹², no probe filtering according to proximity of CpG site with SNPs of minor allele frequency ≥5% within 50bp or probes on the X and Y chromosomes were conducted. In total, 431 313 CpG methylation values for n= 384 children of age 5.5 years were available for EWAS analysis before potential trimming of calculated beta-values and 429948 after trimming. The final sample for the CHOP study in the school-age asthma EWAS analyses comprised 429948 CpG methylation values for n=382 children after removing any missing in phenotype and covariates (described below). In the CHOP analysis sample mean age (sd; range) of DNA-methylation measurement was 5.5 (0.07; 0.82) years.

Acknowledgements

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Padatatic Epidemiology, Institute of Social Pediatricon, Schiphol, Ricardo Closa-Monasterolo, Joaquin Escribano, Veronica Luque, Georgina Mendez, Natalia Ferre, and Marta Zaragoza-Jordana (Universitat Rovira i Virgili, Institut d'Investigacio´ Sanitaria Pere Virgili, Taragona, Spain); Marcello Giovannini, Enrica Riva, Carlo Agostoni, Silvia Scaglioni, Elvira Verduci, Fiammetta Vecchi, and Alice Re Dionigi (University of Milano, Milano, Italy); Jerzy Socha, Piotr Socha and Anna Stolarczyk (Children's Memorial Health Institute, Department of Gastroenterology, Hepatology and Immunology, Warsaw, Poland); Anna Dobrzanska and Dariusz Gruszfeld (Children's Memorial Health Institute, Neonatal Intensive Care Unit, Warsaw, Poland); Roman Janas (Children's Memorial Health Institute, Diagnostic Laboratory, Warsaw, Poland); Emmanuel Perrin (Danone Research Centre for Specialized Nutrition, Schiphol, the Netherlands); Rudiger von Kries (Division of Pediatric Epidemiology, Institute of Social Pediatrics and Adolescent Medicine, Ludwig Maximilians University of Munich, Munich, Germany); Helfried Groebe, Anna Reith, and Renate Hofmann (Klinikum Nurnberg Sued, Nurnberg, Germany); and Berthold Koletzko, Veit Grote, Martina Weber, Peter Rzehak, Sonia Schiess, Jeannette Beyer, Michaela Fritsch, Uschi Handel, Ingrid Pawellek, Sabine Verwied-Jorky, Iris Hannibal, Hans Demmelmair, Gudrun Haile, and Melissa Theurich (Division of Nutritional Medicine and Metabolism, Dr von Hauner Childrens Hospital, Ludwig-Maximilians Universität München (LMU), Munich, Germany).

CHS

Study population

The Children's Health Study (CHS) is a population-based prospective cohort study from age 5 onwards in Southern California, which has been described in detail elsewhere¹³. The study protocol was approved by the University of Southern California Institutional Review Board and informed, written consent and assent were provided by the parents and children respectively. A total of 5341 children were recruited, all of whom were born between 1995 and 1997 and are currently being followed until age 18.

Based on the availability of newborn bloodspots archived by the state of California, a subset of 273 children was selected for a sub-study in which epigenome-wide DNA methylation was assessed in newborn bloodspots. Multiple births were excluded from analyses (7 subjects).

Phenotype data

Asthma

We classified asthma based on responses to the following questions completed by the parents when the child was 5-10 years of age (if multiple, the year close to age 6-7 window was chosen). Children were classified as having asthma if the parent responded "yes" to the following question – "Has a doctor ever diagnosed this child as having asthma?". Further, the child was classified as asthmatic only if the parent also responded YES to either of the three following questions – "Has your child had wheezing or whistling in the chest in the last 12 months?" OR "In the last 12 months, has your child required medication for asthma or wheezing?" OR "In the last 12 months, has your child taken any other medication for asthma or wheezing except for controller and rescue medication?". The control group was NEVER asthma.

Covariates

Information on maternal smoking during pregnancy, asthma and education were obtained from parentcompleted questionnaires at study entry when the subjects were around 6 years old. Child's sex and maternal age at delivery were obtained from California birth certificates. Maternal age was included as a continuous variable. Maternal smoking status during pregnancy and maternal asthma were both included as dichotomous variables. Maternal educational level was categorized into three groups based on years of education: less than or finished high school, some college or completed college, and some graduate training. Child's sex was included as a dichotomous variable. Ancestry was assessed from CHS genome-wide genotypic data using the program STRUCTURE from a set of ancestral informative markers that were scaled to represent the proportion of African American, Asian, Native American and white admixture¹⁴. We additionally corrected the analyses for batch effect by including the Illumina Infinium HumanMethylation450 BeadChip plate number (n=3).

The current analyses include the children who had DNA methylation measurements, school-age asthma and covariate data (N=229).

DNA Methylation Data

Let the constant level was categorized into three groups based on years of educational level was categorized into three groups based on years of education
chood, some college or completed college, and some graduate trainin Methylation was measured using the Infinium HumanMethylation450 BeadChip (HM450). Laboratory personnel performing DNA methylation analysis were blinded to study subject information. DNA was extracted from whole blood cells using the QiaAmp DNA blood kit (Qiagen Inc, Valencia, CA) and stored at -80 degrees Celcius. 700-1000ng of genomic DNA from each sample was treated with bisulfite using the EZ-96 DNA Methylation Kit™ (Zymo Research, Irvine, CA, USA), according to the manufacturer's recommended protocol and eluted in 18 µl. The results of the Infinium HumanMethylation450 BeadChip (HM450) were compiled for each locus as previously described and were reported as beta (β) values¹⁵. A normal-exponential background correction with dye bias correction was applied to the raw intensities at the array level to reduce background noise¹⁶. We then normalized each sample's methylation values to have the same quantiles to address sample to sample variability⁴. CpG loci on the HM450 array were removed from analyses if they were on the X and Y chromosomes, or if they contained SNPs, deletions, repeats, or if they have more than 10% missing values, leaving a total of 384,310 probes for analysis. Beta values were considered as outliers and were removed if they fall below Quartile 1-3×IQR or above Quartile 3+3×IQR.

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EDEN

Study population

The EDEN (Etude des Déterminants pré et post natals du développement et de la santé de l′Enfant) study is a prospective Birth Cohort Study (https://eden.vjf.inserm.fr/), which has been described in detail elsewhere¹⁷. Pregnant women seen for a prenatal visit at the departments of Obstetrics and Gynecology of the University Hospital of Nancy and Poitiers before their twenty-fourth week of amenorrhea were invited to participate. Enrollment started in February 2003 in Poitiers and September 2003 in Nancy; it lasted 27 months in each centre. Among eligible women, 55% (2002 women) accepted to participate. The study has been approved by the ethical committees « Comité Consultatif pour la Protection des Personnes dans la Recherche Biomédicale », Le Kremlin-Bicêtre University hospital, and « Commission Nationale de l'Informatique et des Libertés ».

Phenotype Data

Asthma

Asthma was defined based on responses to a questionnaire completed by the mother when the child was five years of age. Children were classified as having asthma if the mother responded "yes" to the following questions – "Has your child ever been diagnosed by a doctor as having asthma". Further, the child was classified as asthmatic only if the mother also responded YES to either of the three following questions: 1) Has your child had asthma in the past 12 months? 2) Has your child had medication for asthma in the past 12 months? 3) Wheezing in the last 12 months.

DNA Methylation Data

DNA was extracted from 150 cord blood samples. Amplified and genomic DNA samples are now stored in 96 well plates at -80°C. More than 40 single nucleotide polymorphisms (SNPs) have been genotyped either from genomic or from amplified DNA. The samples underwent bisulfite treatment using the EZ-96 DNA Methylation kit (Zymo Research Corporation, Irvine, USA), and were subsequently processed with the Illumina Infinium Human Methylation 450 BeadChip (Illumina Inc., San Diego, USA). In total, 439,306 CpGs are available in children with DNA measurements.

Acknowledgements

In February 2003 in Polities and September 2003 in Nancy; it lasted 27 mo

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ithe women, 55% (2002 women) accepted to participate. The study has been We acknowledge all funding sources for the EDEN study: Foundation for Medical Research (FRM), National Agency for Research (ANR), National Institute for Research in Public Health (IRESP: TGIR cohorte santé 2008 program), French Ministry of Health (DGS), French Ministry of Research, Inserm Bone and Joint Diseases National Research (PRO-A) and Human Nutrition National Research Programs, Paris–Sud University, Nestlé, French National Institute for Population Health Surveillance (InVS), French National Institute for Health Education (INPES), the European Union FP7 programmes (FP7/2007-2013, HELIX, ESCAPE, ENRIECO, MEDall projects), Diabetes National Research Program (through a collaboration with the French Association of Diabetic Patients (AFD)), French Agency for Environmental Health Safety (now ANSES), MutuelleGénérale de l'EducationNationale (MGEN), French National Agency for Food Security, Health and Environment-wide Associations based on Large population Surveys (HEALS) and the French-speaking association for the study of diabetes and metabolism (ALFEDIAM). The funders had no role in study design, data collection and analysis, decision to publish, or preparation of the manuscript.

GALA II

Study Population

The Genes-environments and Admixture in Latino Americans (GALA II) study is a case-control study initiated in 2008 designed to investigate genetic, behavioral, social, and environmental determinants of asthma risk and morbidity among children aged 8-21 years, as previously described in detail¹⁸⁻²⁰. The study used identical protocols to recruit nearly 5000 Latinos (age 8-21) from 5 recruitment centers across the US (San Francisco Bay area; Houston, TX; Chicago, IL; New York, NY; and Puerto Rico). The study was approved by each of the five sites' institutional review boards, and all subjects provided informed consent/assent. Trained interviewers' bilingual in English and Spanish administered questionnaires to participants' parents/caretakers to obtain basic socio-demographic information, medical histories, and environmental exposures, such as exposure to tobacco smoke at various time points.

Phenotype Data

Asthma

ments and Admixture in Latino Americans (GALA II) study is a case-control studing
investigate genetic, behavioral, social, and environmental determinants of astill
children aged 8-21 years, as previously described in detai In GALA II, childhood asthma is defined as having reported physician-diagnosed asthma plus at least two symptoms of coughing, wheezing, or shortness of breath in the 2 years preceding recruitment. Outcomes for all subjects were assessed at time of recruitment (baseline assessment). Eligible control subjects must not have had a reported history of asthma, lung disease, or chronic illness, and no reported symptoms of coughing, wheezing, or shortness of breath in the 2 years prior to enrollment. Exclusion criteria for asthma cases and controls included subjects who were in the third trimester of pregnancy, current smokers, or had at least a 10 pack-year smoking history. All subjects were aged 8-21 years at time of recruitment. Therefore, age of asthma onset and current asthma status were both asked at ages 8-21. Selection of subjects was limited to participants who were aged 8 to 10 years old. The current analyses include 193 children who had whole blood DNA methylation measurements and data on school-age asthma.

Covariates

The age of the participant and the participant's mother were both treated as continuous variables. Categorical variables included the child's ethnicity (Mexican, Puerto Rican, and Other Latino), sex (male/female), mother's asthma status (ever/never) and maternal educational achievement (less than high school, high school or equivalent, some college, college graduate or higher). Maternal smoking during pregnancy was classified into one of three categories: non-smoker, stopped smoking in early pregnancy, and smoked throughout pregnancy. Lastly, we also included measures of Native American and African genetic ancestry using ADMIXTURE 21 to account for the mixed ancestry of Latinos.

DNA Methylation Data

After examining DNA for complete bisulfite conversion of DNA (Zymo Research, Irvine, CA), we randomized the samples onto the Illumina Infinium HumanMethylation450 BeadChip (Illumina Inc., San Diego, USA). Raw genome-wide methylation data were loaded in the R package minfi and assessed for basic quality control metrics, including determination of poorly performing probes with insignificant detection p-values above

background control probes (i.e., detection p-value >0.01). Probes with a single nucleotide polymorphism in the single base extension site were excluded. Since our study population included males and females, we also removed the X and Y chromosomes from the raw methylation values. A total of 321,509 methylation loci were included for analysis. We corrected for batch (microarray chip) effect using the ComBat function in the R package SVA (surrogate variable analysis) and performed SWAN normalization to correct for intra-array differences between Illumina Type I and Type II probes $^{22, 23}$.

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Generation R

Study Population

The Generation R Study is a population-based prospective cohort study from fetal life onwards in Rotterdam, the Netherlands^{24, 25}. Assessments in pregnant women and children consisted of physical examinations, fetal ultrasounds, biological samples, and questionnaires. All children were born between April 2002 and January 2006. The study has been approved by the Medical Ethical Committee of the Erasmus University Medical Center and written consent was obtained from participating parents of their children.

DNA methylation

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Shorted in part by the Sandler Family Foundation, the American Asthma Foundation

Liculty Development Program, Harry Wm. and Diana V. Hind Dist DNA was extracted from cord blood samples of 979 Caucasian children. Using the EZ-96 DNA-methylation kit (Shallow-well) (Zymo Research Corporation, Irvine, USA), 500 ng DNA per sample underwent bisulfite conversion. Samples were transferred onto 96-well plates in a random order. Samples were processed with Illumina's Infinium HumanMethylation450 BeadChip (Illumina Inc., San Diego, USA). Quality control of analyzed samples was performed using standardized criteria. Samples were excluded due to sample call rate <99% (n=7) or poor bisulfite conversion ($n=1$). In addition, 2 samples were excluded because of a gender mismatch and 1 sample because of a retracted informed consent, leaving a total of 969 samples in the statistical analysis. Probes with a single nucleotide polymorphism in the single base extension site with a frequency of >1% in the GoNLv4 reference panel were excluded, as were probes with non-optimal binding (non-mapping or mapping multiple times to either the normal or the bisulphite-converted genome), resulting in the exclusion of 49,564 probes, leaving a total of 436,013 probes in the analysis. Data were normalized with DASES normalization using a pipeline adapted from that developed by Touleimat and Tost⁴. DASES normalization includes background adjustment, between-array normalization applied to type I and type II probes separately, and dye bias correction applied to type I and type II probes separately. DASES is based on the DASEN method, but adds the dye bias correction, which is not included in DASEN²⁶. Beta-values were calculated for all CpG sites.

Phenotype Data

Asthma

Information about asthma (no; yes) was collected by questionnaires at the ages 4 and 6 years. Response rates for these questionnaires were 73% and 68%, respectively. Asthma was defined by a "yes" response to the following two questions on the questionnaire at age 6 years: 'Was your child ever diagnosed with asthma by a doctor? AND 'Did your child ever suffer from chest wheezing? [never, 1-3 times, >4 times]. Non-cases were children without report of asthma at either follow-up time.

Covariates

Information on maternal age, parity, asthma, maternal education and maternal smoking during pregnancy was collected by questionnaires at enrollment. Maternal age was used as a continuous covariate. Parity was categorized into nulli- and multiparity. Maternal education was categorized into lower or normal (none, primary or secondary education) and higher (more than secondary education). Maternal smoking during pregnancy was assessed by questionnaires in early (<18 weeks gestational age), mid (18-25 weeks gestational age) and late (>25 weeks gestational age) pregnancy. In each trimester, pregnant women were asked whether they had smoked and if so, how much. Maternal smoking during pregnancy was categorized into no smoking during pregnancy, smoking during first trimester only, and continued smoking during pregnancy. Analyses were additionally adjusted for batch effects by adding plate number (11 categories) as a covariate.

Acknowledgements

itions on the questionnaire at age 6 years: "Was your child ever diagnosed with
your child ever suffer from chest wheezing? [never, 1-3 times, >4 times]. Not
port of asthma at either follow-up time.

termal age, parity, as The Generation R Study is conducted by the Erasmus MC, University Medical Center Rotterdam in close collaboration with the School of Law and Faculty of Social Sciences of the Erasmus University Rotterdam, the Municipal Health Service Rotterdam area, Rotterdam, the Rotterdam Homecare Foundation, Rotterdam and the Stichting Trombosedienst & Artsenlaboratorium Rijnmond (STAR-MDC), Rotterdam. We gratefully acknowledge the contribution of children and parents, general practitioners, hospitals, midwives and pharmacies in Rotterdam. The study protocol was approved by the Medical Ethical Committee of Erasmus MC, Rotterdam. Written informed consent was obtained for all participants. The generation and management of the Illumina 450K methylation array data (EWAS data) for the Generation R Study was executed by the Human Genotyping Facility of the Genetic Laboratory of the Department of Internal Medicine, Erasmus MC, the Netherlands. We thank Ms. Sarah Higgins, Ms. Mila Jhamai, Dr. Marjolein Peters, Dr. Lisette Stolk, Mr. Michael Verbiest, and Mr. Marijn Verkerk for their help in creating the EWAS database and the analysis pipeline.

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GOYA

Study Population

Population-based Association Study of Extremely Overweight Young Adults (GO
eviously by Paternoster et al.⁷³.⁷⁸. It is based on the Danish National Birth Cohor
egnant women and their pregnancies during 1996-2002. Of 6 The Genome-Wide Population-based Association Study of Extremely Overweight Young Adults (GOYA) study has been described previously by Paternoster et al.^{27, 28}. It is based on the Danish National Birth Cohort (DNBC) that included 92,000 pregnant women and their pregnancies during 1996-2002. Of 67,853 women who had given birth to a live born infant, 67,853 had provided a blood sample during pregnancy and had BMI information available, 3.6% of these women with the largest residuals from the regression of BMI on age and parity (all entered as continuous variables) were selected for GOYA. The BMI for these 2451 women ranged from 32.6 to 64.4. From the remaining cohort, a random sample of similar size (2,450) was also selected. DNA methylation data were generated for the offspring of 1000 mothers in the GOYA study. Study "cases" had mothers with a BMI>32 and "controls" were sampled from the normal BMI distribution (can include mothers with a BMI>32). All participants in the DNBC gave written informed consent and the collection and use of their data has ethics approval.

Phenotype data

Asthma

Information on asthma was obtained from a questionnaire completed by the mothers at 7 years after birth and defined as asthma ever (diagnosed by a doctor).

Covariates

Data on maternal parity, socio-economic status, smoking and pre-pregnancy body mass index were collected via a telephone interview at around 16 weeks' gestation. Maternal age was derived from the mother's report of her own date of birth. Newborn sex and gestational age at birth were extracted from birth records. Socioeconomic status was defined using maternal education or occupation: 1) manager/long or medium education, 2) work requiring a short training period, or skilled manual labor, 3) unskilled or public service. Parity was categorized for this study as nulliparous or parous. Maternal smoking in pregnancy was defined as any smoking in pregnancy or no smoking in pregnancy. We restricted the analysis to GOYA controls, i.e. mothers sampled from the normal BMI distribution.

DNA Methylation measurements

Cord blood was collected according to standard procedures, spun and frozen at -80˚C. DNA methylation analysis and data pre-processing were performed at the University of Bristol. Following extraction, DNA was bisulfite converted using the Zymo EZ DNA MethylationTM kit (Zymo, Irvine, CA). Following conversion, the genomewide methylation status of over 485,000 CpG sites was measured using the Illumina Infinium® HumanMethylation450k BeadChip assay according to the standard protocol. The arrays were scanned using an

Illumina iScan and initial quality review was assessed using GenomeStudio (version 2011.1). The level of methylation is expressed as a "Beta" value (β-value), ranging from 0 (no cytosine methylation) to 1 (complete cytosine methylation). Samples were distributed across slides using a semi-random approach to minimize the possibility of confounding by batch effects. Samples failing quality control (average probe detection p-value ≥ 0.01) were repeated. As an additional quality control step genotype probes on the HumanMethylation450k were compared between samples from the same individual and against SNP-chip data to identify and remove any sample mismatches. Data were normalized using the functional normalization approach in the Minfi R package. We removed probes that had a detection p-value >0.05 for >5% of samples, probes on the X or Y chromosomes and SNPs (rs probes). 473864 probes remained. Batch correction was done using 10 surrogate variables generated using the sva package in R and included these in models.

Acknowledgements

The authors want to thank the many families who have taken part in the study. Without their help, there would be no cohort.

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the s. Data were normalized using the functional normalization approach in
yed probes that had a detection p-value >0.05 for >5% of sample The Danish National Birth Cohort was established with a significant grant from the Danish National Research Foundation. Additional support was obtained from the Danish Regional Committees, the Pharmacy Foundation, the Egmont Foundation, the March of Dimes Birth Defects Foundation, the Health Foundation and other minor grants. The DNBC Biobank has been supported by the Novo Nordisk Foundation and the Lundbeck Foundation. Generation of DNA methylation data was funded by the MRC Integrative Epidemiology Unit which is supported by the Medical Research Council (MC_UU_12013/1-9) and the University of Bristol.

Study Population

The Inner-City Asthma Consortium EPIGEN population consisted of inner-city children aged 6-12 years with atopy and persistent asthma (cases) and without atopy or asthma (healthy controls). The cases and controls were recruited by six sites of the Inner-City Asthma Consortium (Boston; Washington, DC; Denver; New York; Dallas; and Detroit) from census tracts that contain at least 20% of households below the U.S. government poverty level²⁹.

Phenotype data

Asthma

Cases of asthma were required to meet the following criteria: 1) a physician diagnosis of asthma; 2) persistent or uncontrolled disease as defined by the National Asthma Education and Prevention Program³⁰; 3) physiologic evidence of asthma (FEV₁ < 85% predicted, or FEV₁/FVC ratio < 85% and bronchodilator responsiveness (\geq 12%), or PC₂₀ < 8 mg/ml of methacholine); and 4) positive prick skin-test to as least one of a panel of indoor aeroallergens (i.e. dust mite, cockroach, mold, cat, dog, rat, or mouse). Controls were required to have: 1) no medical history of asthma, rhinitis, sinusitis, and atopic dermatitis; 2) an FEV₁ > 85% predicted; and 3) no positive prick skin-tests.

DNA Methylation

Peripheral blood mononuclear cells (PBMCs) were isolated from whole blood using the Ficoll density gradient separation. DNA was isolated from the PBMCs using the AllPrep DNA/RNA kit (Qiagen, Germantown, MD), and purity was assessed using a NanoDrop spectrophotometer (Thermo Scientific, Wilmington, DE). We used Illumina's Infinium Human Methylation 450k BeadChip on bisulfite-treated samples. 0.85-1.00 µg DNA were bisulfite converted using the Zymo EZ DNA Methylation kit (Zymo Research, Orange, CA). Each conversion assay included a commercially available positive and negative control sample. Bisulfite converted samples formed the input for the Illumina Infinium Methylation assay using the Human Methylation 450k BeadChips (Illumina Inc, San Diego, CA). The labeling, hybridization, and scanning procedures were performed on the iScan system. All samples were assayed once (no technical replicates) with 194 arrays performed in 3 batches.

INMA –contributed analysis of gene expression in relation to methylation

Study population

using the Zymo EZ DNA Methylation kit (Zymo Research, Orange, CA). Each com
tially available positive and negative control sample. Bissulfite converted samples
in a Infinium Methylation assay using the Human Methylation 45 The INMA—INfancia y Medio Ambiente— (Environment and Childhood) Project is a network of birth cohorts in Spain that aims to study the role of environmental pollutants in air, water and diet during pregnancy and early childhood in relation to child growth and development³¹. Mothers were enrolled at week 12 of pregnancy from 1997 to 2008 in seven regions of Spain (Flix, Granada, Menorca, Asturias, Gipuzkoa, Sabadell and Valencia). The cohort consisted of 3,768 children at birth. During the follow-up visits information on environmental exposures and health outcomes (reproductive, growth and obesity, lung function, allergies and neurodevelopment) were assessed through questionnaires, biomarker measurements, clinical data, and physical exploration. The study website contains details of the design and data available in INMA project (http://www.proyectoinma.org/). The study was approved by the Ethical Committees of each participating center and written consent was obtained from parents. The present study uses data only from the Sabadell birth subcohort.

DNA Methylation Data

Cord blood and whole blood collected at age 4y was extracted using the Chemagen kit (Perkin Elmer). DNA concentration was determined by a NanoDrop spectrophotometer (Thermo Scientific) and with the Quant-iT PicoGreen dsDNA Assay Kit (Life Technologies).

Blood methylation data were produced in two laboratories: the Genome Analysis Facility of the University Medical Center Groningen (UMCG) in Holland as part of the MeDALL project (0y and 4y), and the Bellvitge Biomedical Research Institute (IDIBELL) in Barcelona as part of the BREATHE project (0y). Both laboratories randomized the samples in batches and followed the Illumina protocol for the Infinium HumanMethylation450 BeadChip. Briefly, 500 ng of DNA was bisulfite-converted using the EZ 96-DNA methylation kit, and DNA methylation was measured through hybridization on the BeadChips. BeadChips were scanned with an Illumina iScan and image data were uploaded into the Methylation Module of Illumina's analysis software GenomeStudio and converted in β-values.

Two blood samples with overall low quality (MethylAid package³²), and three blood samples discordant for sex (shinyMethyl package³³) were removed during the quality control. After applying a stringent detection p-value³⁴ of 1.10x10-16, 18 blood samples with a call rate <98% were excluded. Data were normalized with the functional normalization method implemented in the minfi package³⁵. 7,136 probes with a call rate <95%, control probes and probes designed to detect genetic polymorphisms were removed. ComBat was applied to eliminate laboratory batch effects, without removing age differences by keeping age in the statistical model (Johnson, Li, and Rabinovic 2007). Finally, one of the 12 duplicated samples was excluded. The final dataset consisted of 476,946 probes and 616 samples (391 at age 0y and 209 at age 4y, 185 of them paired 0-4y).

Gene expression data

At age 4 years, whole blood was collected in PAXGene tubes and extracted using the kit recommended by the company. All samples had an RNA Integrity Number higher (RIN) than 7.

increase, windot reinousing sign universities by vectining age in the stationary increases, without enhousing to the 12 duplicated samples was excluded. The final dataset of 616 samples (391 at age 0y and 209 at age 4y, 18 Gene expression data were obtained using the Affymetrix HTA 2.0 array at the European Institute for Systems Biology and Medicine in Lyon, France. Gene expression was normalized using the Expression Console Software from Affymetrix and probes were clustered to the transcript level using the version 35 of Affymetrix annotation. In addition, Affymetrix transcript clusters were mapped to gene symbols. Four samples were excluded because there were sex discrepancies (N=4). The final sample size was 124 (113 of them have DNA methylation at 0y and 112 at 4y).

Acknowledgements

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INMA researchers would like to thank all the participants for their generous collaboration. INMA researchers are grateful to Silvia Fochs, Nuria Pey, and Muriel Ferrer for their assistance in contacting the families and administering the questionnaires.

A full roster of the INMA Project Investigators can be found at http://www.proyectoinma.org/presentacioninma/listado-investigadores/en_listado-investigadores.html.

IoW – analysis of gene expression and methylation data

Study population

This is the Isle of Wight (IoW) 3^{rd} Generation Study³⁶. The recruitment of newborns started from April 2010. Data used in the analyses were from infants born between April 2010 to May 2014. In total, 200 newborns were recruited such that at least one of their parents is in the IoW birth cohort (IoW F1) and the recruitment is ongoing.

DNA Methylation Data

We measured epigenome-wide DNA methylation of 192 newborns using DNA extracted from cord blood. One thousand ng DNA per sample underwent bisulfite conversion using the EZ-96 DNA Methylation kit (Shallow) (Zymo Research Corporation, Irvine, USA). Samples were processed with the Illumina Infinium HumanMethylation450 BeadChip (n = 129) and Illumina MethylationEPIC Beadchips (n = 63). "CPACOR" method by Lehne, et al.³⁴ has been used in normalization of the beta values. The 65 single nucleotide polymorphism (SNP) markers were removed. Illumina Background Correction was applied to the intensity values. The CpGs with set intensity values with detection p-value $\geq 10^{-16}$ was set as missing and removed in the further analysis. Samples exhibiting call rate <98% were excluded. Quantile normalization on intensity values was applied by incorporating control probe adjustment and reduction of global correlation. Also, DNA methylation from the 192 subjects were measured in seven batches. The R function ComBat (package sva)³⁷ built upon an empirical Bayes framework was used to remove batch effects. Beta-values were calculated for all CpG sites. After preprocessing a total 399, 383 CpG sites were remained for subsequent studies.

Gene expression data

has been used in normalization of the beta values. The 65 single nucleabide p
thas been used in normalization of the beta values. The 65 single nucleabide p
removed. Illumina Background Correction was applied to the inten We analyzed data from 157 matching cord blood samples between methylation data and gene expression (Agilent one-color microarray, Agilent Technologies, Santa Clara, CA). The pre-processing was performed with Limma ³⁸ in the R statistical computing environment ³⁹. Raw idat files are read into R with the read.miamages function with the source set to Agilent. Background correction was performed with the function backgroundCorrect using the method "normexp" ⁴⁰. This method fits a convolution of normal and exponential distributions to the foreground intensities with the background probe intensities set as a covariate. The expected signal, given the foreground observed, is then set as the corrected intensity measures. Normalization is then performed with the normalizeBetweenArrays function and the method is set to "quantile". Data is then converted to log2 transformed data for further analysis. Filtering is performed to remove lowly expressed probes that are close to the background level. Negative control probes are also removed from the data.

Acknowledgements

IOW cohort acknowledges the great help from the nurses at the David Hide Asthma and Allergy Research Centre led by Professor Hasan Arshad. We greatly appreciate the participating families in the third-generation study. IOW Researchers are grateful to Stephen Potter for data processing and Nikki Graham for technical support. We thank the High-Throughput Genomics Group at the Wellcome Trust Centre for Human Genetics (funded by Wellcome Trust grant reference 090532/Z/09/Z and MRC Hub grant G0900747 91070) for the generation of the methylation data.

MoBa1 & MoBa2

Study Population

Participants represent two subsets of mother-offspring pairs from the national Norwegian Mother and Child Cohort Study (MoBa)⁴¹⁻⁴³. The years of birth for MoBa participants ranged from 1999-2009. MoBa mothers provided written informed consent. Each subset is referred to here as MoBa1 and MoBa2. MoBa1 is a subset of

a larger study within MoBa that included a cohort random sample and cases of asthma at age three years⁴⁴. We previously reported an association between maternal smoking during pregnancy and differential DNA methylation in MoBa1 newborns⁴⁵. We subsequently measured DNA methylation in additional newborns (MoBa2) in the same laboratory (Illumina, San Diego, CA)⁴⁶. MoBa2 included a cohort random sample plus cases of asthma at age seven years and non-asthmatic controls. Years of birth were 2002-2004 for children in MoBa1 and 2000-2005 for MoBa2. Both studies were approved by the Regional Committee for Ethics in Medical Research, Norway and were approved by the Institutional Review Board of the National Institute of Environmental Health Sciences, USA.

Phenotype data

Asthma

MoBa1 participants were originally selected for analysis of methylation based on asthma status at age 3 years (current asthma with use of inhaled asthma medications) along with a cohort random sample. Individuals whose parent responded to the follow-up questionnaire at age 7 years were included in the current study. Asthma was defined at age 7 according to the ideal definition, i.e. as doctor diagnosed asthma and one of current asthma, asthma symptoms in the past year, or medication for asthma in the past year. The reference group excluded children whose mother had reported asthma at age 3 but not at age 7.

MoBa2 was selected on asthma case/noncase status based on the questionnaire at age 7 years, therefore school-age asthma is defined by this selection variable. There were additional approximately 200 subjects selected because they had measurement of plasma folate available and these are excluded from the analysis. Asthma was previously defined as current asthma (symptoms in the last year) AND medication for asthma in the past year. The control group is NEVER asthma.

Covariates

r woods2: bound student between exploration based on asthma status and were approved by the Institutional Review Board of the National
and were approved by the Institutional Review Board of the National
this Sciences, USA. For both datasets, information on maternal age, smoking during pregnancy, asthma, education, and child's sex was collected via questionnaires completed by the mother or from birth registry records as previously described⁴⁴. Maternal age was included as a continuous variable. Maternal smoking status during pregnancy was classified into three groups: non-smoker, stopped smoking in early pregnancy, and smoked throughout pregnancy. Maternal asthma was included as a dichotomous variable. Maternal educational level was categorized into four groups based on years of education: less than high school/secondary school, high school/secondary school completion, some college or university, or 4 years of college/university or more. Child's sex was included as a dichotomous variable.

DNA Methylation Data

Details of the DNA methylation measurements and quality control for the MoBa1 participants were previously described⁴⁵ and the same protocol was implemented for the MoBa2 participants. Briefly, umbilical cord blood samples were collected and frozen at birth at -80°C. All biological material was obtained from the Biobank of the MoBa study⁴³. Bisulfite conversion was performed using the EZ-96 DNA Methylation kit (Zymo Research Corporation, Irvine, CA) and DNA methylation was measured at 485,577 CpGs in cord blood using Illumina's Infinium HumanMethylation450 BeadChip⁴⁷. Raw intensity (.idat) files were handled in R using the *minfi* package to calculate the methylation level at each CpG as the beta-value (β=intensity of the methylated allele (M)/(intensity of the unmethylated allele (U) + intensity of the methylated allele (M) + 100)) and the data were

exported for quality control and processing. Probe and sample-specific quality control was performed in the MoBa1 and MoBa2 datasets separately. Similar protocols were applied to MoBa1 and Moba2, as follows: Control probes (N=65) and probes on X (N=11 230) and Y (N=416) chromosomes were excluded in both datasets. Remaining CpGs missing > 10% of methylation data were also removed (N=20 in MoBa1, none in MoBa2). Samples indicated by Illumina to have failed or have an average detection p-value across all probes < 0.05 (N=49 MoBa1, N=35 MoBa2) and samples with gender mismatch (N=13 MoBa1, N=8 MoBa2) were also removed. For MoBa1 and MoBa2, we accounted for the two different probe designs by applying the intra-array normalization strategy Beta Mixture Quantile dilation (BMIQ)¹¹. The Empirical Bayes method via *ComBat* was applied separately in each dataset for batch correction using the *sva* package in *R* 37 .

The following number of samples passed the above quality control: 1,068 for MoBa1 and 685 for MoBa2. Samples determined to be ancestry outliers based on principal components analysis of Illumina HumanCore genotype data were excluded from analyses (12 in MoBa1; 5 in MoBa2). The current analyses include the children who had cord blood DNA methylation measurements, school-age asthma and covariate data (N=661 from MoBa1; N=456 from MoBa2), and each dataset was analysed independently.

Acknowledgements

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NEST

Study Population

NEST is a multiethnic birth cohort designed to identify the effects of early exposures on epigenetic profiles and phenotypic outcomes. Pregnant women were recruited from prenatal clinics serving Duke University Hospital and Durham Regional Hospital Obstetrics facilities in Durham, North Carolina from April 2005 to July 2009. Gestational age at enrollment ranged from 6 to 42 weeks (median 30 weeks). Eligibility criteria were women aged 18 years or older, English speaking, pregnant, and an intention to use one of the two obstetrics facilities. Among these, women infected with HIV or intending to give up custody of the offspring of index pregnancy were excluded. Current smokers were targeted for the first ~200 participants. Of the 1101 women who met eligibility criteria and were approached, 895 (81%) were enrolled and umbilical cord blood was collected from 741 infants. This study was approved by the Duke Institutional Review Board. Additional details about NEST may be found in previous publications^{48, 49}.

Phenotype Data

Asthma

Asthma was defined based on a combination of medical records and survey responses. The survey included the following two questions which were used to identify asthma diagnoses: 1) "What was the outcome of your child's doctor visits? Normal or concerns. If there were Concerns, what were they?" and 2) "Was your child diagnosed with any condition by his/her doctor? Yes or No. If Yes, please specify". Parental reports of asthma in these questions were classified as asthma cases, otherwise if the parent said there were no diagnoses or concerns they were classified as not having asthma. Medical records were further used to refine and supplement survey data. Medical billing codes related to asthma (i.e. ICD 9 493.XX codes) and the number of encounters were used to identify children with asthma among those with recent visits. This was checked against a review of the child's full medical records to ensure accuracy. The age at which the asthma diagnosis was reported varies; however, it ranges from five to nine years.

Covariates

The sex of the child was collected from medical records following delivery. Maternal smoking status, socioeconomic status (education), age, asthma, and race were reported by the mother on a questionnaire completed during pregnancy. Maternal age was included as a continuous variable. Maternal smoking status during pregnancy was classified into three groups: non-smoker, stopped smoking in early pregnancy, and smoked throughout pregnancy. Maternal asthma was included as a dichotomous variable. Maternal educational level was categorized into 3 groups: high school education/GED or less, some college, or college degree or higher.

DNA Methylation Data

s? Normal or concerns. If there were Concerns, what were they?" and 2) "W

the condition by his/her doctor? Yes or No. If Yes, please specify". Parental respotts

or clear dassified as asthma cases, otherwise if the parent Genomic DNA from buffy coat specimens was extracted from umbilical cord blood using Puregene Reagents (Qiagen, Valencia, CA). Bisulfite conversion was performed using the EZ-96 DNA Methylation Kit (Zymo Research Corporation) and DNA methylation was measured at 485577 CpGs using Illumina Infinium HumanMethylation450 BeadChip (Illumina Inc., San Diego, USA). Illumina's GenomeStudio Methylation module version 1.0 (Illumina Inc.) was used to calculate the methylation level at each CpG as the beta value. Probe and sample-specific quality control was performed in the NEST cohort using a similar approach to MoBa1 and MoBa2 cohorts. Specifically, control probes (N=65) and probes on X (N=11 230) and Y (N=416) chromosomes were excluded as well as CpGs missing > 10% of methylation data. Samples indicated by Illumina to have failed or have an average detection p-value across all probes < 0.05 and samples with gender mismatch were also removed. The two different probe designs by applying the intra-array normalization strategy Beta Mixture Quantile dilation (BMIQ)¹¹. The Empirical Bayes method via ComBat was applied for batch correction using the sva package in R^{37} . The current analyses include the children who had cord blood DNA methylation measurements, school-age asthma and covariate data (N= 213 from NEST).

Acknowledgements

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NFBC 1986

Study Population

The Northern Finland Birth Cohort 1986 (NFBC 1986) is a prospective population-based birth cohort which consists of 99% of all children who were born in the provinces of Oulu and Lapland in Northern Finland between 1 July 1985 and 30 June 1986. 9,203 live-born individuals entered the study⁵⁰. At the age of 16, the subjects living in the original target area or in the capital area (n=9,215) were invited to participate in a follow-up study including a clinical examination. 7344 participants attend the study in year 2001/2002, of which 5654 completed the postal questionnaire, the clinical examination and provided a blood sample.

and Birth Cohort 1986 (NFBC 1986) is a prospective population-based birth all children who were born in the provinces of Oulu and apland in Northern Finl
June 1986. 9,203 live-born individuals entered the study⁵⁶. At th Ethical approval was obtained from the ethical committee of the Northern Ostrobothnia Hospital District and all participants gave written informed consent. The Finnish Ministry of Social Affairs and Health has granted permission to use register data and patient records. Participants' interviews and postal questionnaires were completed/returned from the 24th gestational week onwards with data since 12-16th gestational week. Both the course of pregnancy and delivery, and also complications, were confirmed from patient records, as was the neonatal outcome. Follow-ups of children have been conducted at the age of 6-12 months, 7-8 years and 14-16 years. DNA methylation was measured on 566 randomly selected subjects.

Phenotype Data

Asthma

In the Northern Finland Birth Cohort 1986, asthma was defined based on the following questions asked on questionnaire completed by the child at an age of 16 years. Children were classified as having asthma if they responded "yes" to both of the following questions – "Have you ever had any of the following respiratory and/or allergic symptoms or illnesses? - Asthma (Diagnosed or treated by a doctor)". Further, the child was classified as asthmatic only if the child also responded with occasionally or regularly to the following question "How often do you take the following medicines at the present? - Asthma medication".

Covariates

SES was defined based on the question asked on questionnaire completed by the mother during pregnancy. "Your own school attendance: 1= less than 6 years primary school, 2=7-8 years primary school,3= 9-10 years primary school, 4 =vocational school or college 6-12 months, 5 =vocational school or college > 1 years, 6 =matriculation, no vocational schooling, 7=matriculation + college, 8=matriculation, university studies not finished, 9=university degree". This was recoded according to the leaving age of school education: 1= before 16 years, $2 = 16$ to 19 years old, $3 =$ older than 19 years.

DNA Methylation Data

Methylation of genomic DNA was quantified using the Illumina HumanMethylation450 array according to manufacturer's instructions. Bisulfite conversion of genomic DNA was performed using the EZ DNA methylation kit according to manufacturer's instructions (Zymo Research, Orange, CA). DNA methylation was recoded on Illumina HumanMethlation450K array for 566 randomly selected subjects. To account for batch effects in the

data, beta values underwent a functional normalization approach described by Fortin *et al*. ⁵¹ using the first 10 PCs of the Illumina 450K array control probes. This approach includes subset quantile normalization of the data and normal-exponential out-of-band background correction.

24 technical replicates were excluded. 18 samples did not reach a call rate of >95% applying a detection p-value filter of $1x10^{-16}$. We excluded 7 samples with gender inconsistency, no sample was outlying from the overall data structure (1st PC score of the DNA methylation values outside mean +/- 4SD). DNA methylation data of 517 samples with 466290 autosomal probes (call rate filter 95%) each were available for analysis.

Acknowledgements

We thank Professor Paula Rantakallio (launch of NFBC1966 and initial data collection). We gratefully acknowledge the contributions of the participants in the Northern Finland Birth Cohort 1966 study and the Northern Finland Birth Cohort 1986. We also thank all the field workers and laboratory personnel for their efforts.

PC score of the DNA methylation values outside mean +/-45D). DNA methylation
of accessor of the DNA methylation values outside mean +/-45D). DNA methylation
90 autosomal probes (call rate filter 95%) each were available fo NFBC1966 received financial support from University of Oulu Grant no. 65354, Oulu University Hospital Grant no. 2/97, 8/97, Ministry of Health and Social Affairs Grant no. 23/251/97, 160/97, 190/97, National Institute for Health and Welfare, Helsinki Grant no. 54121, Regional Institute of Occupational Health, Oulu, Finland Grant no. 50621, 54231. NFBC1986 received financial support from EU QLG1-CT-2000-01643 (EUROBLCS) Grant no. E51560, NorFA Grant no. 731, 20056, 30167, USA / NIHH 2000 G DF682 Grant no. 50945. MW was supported by the European Union's Horizon 2020 research and innovation programme under grant agreement No 633212. MRJ and SS are supported by H2020-633595 DynaHEALTH action and academy of Finland EGEA-project (285547).

PIAMA

Study Population

PIAMA (Prevention and Incidence of Asthma and Mite Allergy) is a birth cohort study of children born in 1996- 1997 in the Netherlands. Details of the study design have been published previously⁵¹. In brief, 10,232 pregnant women completed a validated screening questionnaire at their prenatal health care clinic (n=52). Based on this screening, 7,862 women were invited to participate, of whom 4,146 women agreed and gave informed consent. The study started with 3,963 newborns. Questionnaire based follow-up of the children took place at 3 months of age, yearly from 1 to 8 years of age, and at 11, 14, and 16 years of age, with clinical investigations at ages 4, 8, 12 and 16 years. Whole blood DNA was extracted of children who provided a blood sample at ages 4, 8 and 16 years.

At the age of 16 years, nasal epithelial cells were collected in two study centers (Groningen and Utrecht) by brushing the lateral area underneath the right inferior turbinate. Brushes were placed in screw-cap Eppendorf tubes and stored at -80oC until further processing. DNA was extracted from nasal brushes using DNA investigator kits (Qiagen, Benelux BV, Venlo, the Netherlands), followed by precipitation-based concentration using GlycoBlue (Ambion). DNA (500ng) was bisulphite-converted using EZ 96-DNA methylation kits (Zymo Research), following manufacturer's standard protocols. After verification of bisulphite conversion using Sanger Sequencing, DNA concentration was normalized and samples were randomized to avoid batch effects. One standard DNA sample per chip was included in this step for quality control.

The Medical Ethical Committees of the participating institutes approved the study, and the parents and legal guardians of all participants as well as the participants themselves gave written informed consent.

Phenotype Data

Asthma

Asthma was defined based on the questionnaire completed by the mother when the child was eight years of age.

Children were classified as having asthma if the mother responded "yes" to the question – "Has your child ever been diagnosed by a doctor as having asthma". Further, the child was classified as asthmatic only if the mother also responded YES to either of the three following questions: 1) "whether a child had asthma in the past 12 months?", 2) "Has your child had medication for respiratory or lung problems?", or 3) Wheezing in the last 12 months

Covariates

Information on maternal age, smoking during pregnancy, asthma, education, and child's sex was collected via questionnaires completed by the mother. Maternal age was included as a continuous variable. Maternal smoking status during pregnancy was classified into three groups: non-smoker, stopped smoking in early pregnancy, and smoked throughout pregnancy. Maternal asthma was included as a dichotomous variable. Maternal educational level was categorized into three groups based on years of education: 1=primary school, lower vocational or lower secondary education; 2=intermediate vocational education or intermediate/higher secondary; 3=higher vocational education and university (high). Child's sex was included as a dichotomous variable.

DNA Methylation Data

is the shakes are measurements and quility control enter the measurement and was exact at a having assume if the mother responded "yes" to the question – "Has ye a doctor as having asthmai if the mother responded "yes" to Details of the DNA methylation measurements and quality control for the PIAMA participants were previously described⁵². Briefly, peripheral blood samples were collected from all consenting cohort participants and DNA was extracted using the QIAamp blood kit (Qiagen or equivalent protocols), followed by precipitation-based concentration using GlycoBlue (Ambion). DNA concentration was determined by Nanodrop measurement and Picogreen quantification. 500 ng of DNA was bisulphite-converted using the EZ 96-DNA methylation kit (Zymo Research), following the manufacturer's standard protocol. After verification of the bisulphite conversion step using Sanger Sequencing, genome-wide DNA methylation was measured using the Illumina Infinium HumanMethylation450 BeadChip. After normalization of the concentration, the samples were randomized to avoid batch effects. Standard male and female DNA samples were included in this step as control samples. DNA methylation data were pre-processed in R with the Bioconductor package Minfi³⁵, using the original IDAT files extracted from the HiScanSQ scanner. Samples that did not provide significant methylation signals in more than 10% of probes (detection P=0.01) were excluded from further analysis. Samples were also excluded in cases of low staining efficiency, low single base extension efficiency, low stripping efficiency of DNA from probes after single base extension, poor hybridization performance, poor bisulphite conversion and high negative control probe staining. Further, we used the 65 SNP probes to check for concordances between paired DNA samples

from the sample individual and assessed the methylation distribution of the X-chromosome to verify gender. Paired samples with Pearson correlation coefficients <0.9 were regarded as sample mix-ups and were excluded from the study. In probe filtering¹², we excluded probes on sex chromosomes, probes that mapped on multiloci, the 65 random SNPs assay and probes that contained SNPs at the target CpG sites with a minor allele frequency >10%. Finally, we implemented "DASEN"²⁶ to perform signal correction and normalization. After quality control, 226 samples and 439,306 autosomal probes remained for further analysis.

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MASD BeadChip array (Illumina, San Diego, CA). DNA methylation data were package Mi For nasal epithelium, in total 479 nasal epithelium DNA samples were hybridized to the Infinium HumanMethylation450 BeadChip array (Illumina, San Diego, CA). DNA methylation data were pre-processed with Bioconductor package Minfi3, using the original IDAT files from the HiScanSQ scanner. Samples with call rate <99% were removed. We used 65 SNP probes to check for concordance between paired DNA samples (nasal and blood DNA samples from the same subjects were hybridized in the same experiments); paired samples with Pearson correlation coefficient <0.9 were excluded, as were probes on sex chromosomes, probes that mapped to multiple loci, 65 SNP-probes, and probes containing SNPs at the target CpG sites with a MAF>5%. "DASEN" was used to perform signal correction and normalization. After QC, 455 samples and 436,824 probes remained.

Acknowledgements

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Raine Study

Study Population

The Western Australian Pregnancy Cohort (Raine) Study (http://www.rainestudy.org.au) is a longitudinal Australian birth cohort that has serially assessed the offspring of 2900 pregnant women from 18 weeks' gestation in utero. Follow-up of the offspring has been undertaken at 1, 2, 3, 5, 8, 10, 14, 17, and 24 years $^{53, 54}$. DNA was extracted from whole blood samples (n=1137) obtained at 17-year-old follow up.

Asthma

Asthma was ascertained at 6- and 17-year-old follow up time-points, by questionnaire answered by the primary care-giver. At the 6-year-old follow up, asthma was defined as a prior doctor diagnosis or prior wheeze or asthma medication in last 12 months. At 17 years it was defined by presence of wheeze in last 12 months. For the current analysis, asthma was defined as asthma diagnosis by age 17 years plus wheeze in the past 12 months reported at that same time point. Children with report of asthma at age 6, but not at age 17 were excluded from the comparison group.
DNA Methylation Data

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 Bisulphite conversion was prepared from whole blood cells by standard phenol:chloroform extraction and ethanol precipitation. Processing of the Illumina Infinium HumanMethylation450 BeadChips was carried out by the Centre for Molecular Medicine and Therapeutics (CMMT) http://www.cmmt.ubc.ca. The raw IDAT files were imported into R using the rnb.run.import() function available in the *RnBeads* package. Two packages were used to perform quality control checks of the samples; *shinyMethyl³³* and *MethylAid³²*. Three samples were evident as outliers based on the output from *shinyMethyl* and *MethylAid*. Gender was inferred using the rnb.execute.gender.prediction() function available in the *RnBeads* package⁵⁵. When predicted gender was compared to known gender there was a single discrepancy. 58 of the samples were run in duplicate or triplicate and the 65 SNP probes present on the BeadChip were used to assess genetic similarity between these individuals as a check for sample mix-ups. The rnb.plot.snp.heatmap() function available in the *RnBeads* package was used to produce a heatmap of *β* values. One contaminated sample was excluded based on this plot. Intentional SNP probes (n=65), sex chromosome probes (n=11,648) and probes with a detection *p*-value greater than 0.05 in any sample (n=10,777) were removed. A further 160 probes with low bead counts (bead counts less than 3 in more than 5% of samples) were removed.

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Study Population

The families (1394 individuals distributed in 271 families) included in the Saguenay-Lac-Saint-Jean asthma familial cohort⁵⁶ were recruited through probands with documented allergic asthma. To be included in the study, a family needs to fulfill these criteria: the two parents must be available for clinical assessment, one parent must be unaffected and all grand-parents must be of French-Canadian origin. Clinical evaluation (measures of lung function: forced expiratory volume in 1 s (FEV₁) and methacholine challenge (PC₂₀)), white blood cell counts, skin prick test for allergy and a standardized questionnaire were completed for all individuals.

Acknowledgements

The Saguenay-Lac-Saint-Jean asthma familial cohort was supported by Laprise grants from the Canadian Institute of Health Research (CIHR).

STOPPA

Study Population

study On Prediction and Prevention of Asthma (STOPPA) is a twin cohort st.

Study participants were selected from an on-going data collection within the tector,

study in Sweden (CATSS)³⁸ based on the pair's asthma statu The Swedish Twin study On Prediction and Prevention of Asthma (STOPPA) is a twin cohort study including n=752 individuals⁵⁷. Study participants were selected from an on-going data collection within the Child and Adolescent Twin study in Sweden (CATSS)⁵⁸ based on the pair's asthma status. Approximately one third each of asthma concordant (ACC), asthma discordant (ADC) and healthy concordant (HCC) pairs took part in clinical examinations including questionnaires, lung function testing (spirometry with reversibility test and fractional exhaled nitric oxide, FeNO) and collection of biosamples. The twins were 9-14 years old at the time of invitation to the study.

The study population has been linked to the Swedish population-based Medical Birth Register for information on pregnancy and delivery outcomes, the National Patient Register for all in- and outpatient diagnoses and the Swedish Prescribed Drug Register for data on prescribed drugs since 2005. Biosamples include whole blood (collected in 4 ml EDTA tubes and stored at -80°C) from n=708 twins. Further details regarding STOPPA have been provided in a separate publication⁵⁷.

Phenotype Data

Asthma

In STOPPA, childhood asthma is defined based on the following sources;

- 1) Questionnaires to parents and children distributed at the clinical examinations within STOPPA.
- 2) A telephone interview with the study participants' parents when the children were 9 years of age (within the Child and Adolescent Twin Study in Sweden, CATSS)
- 3) Population-based register data covering asthma diagnoses in in- and outpatient care (National Patient Register, NPR) and dispensed asthma medication (Swedish Prescribed Drug Register, SPDR).
	- a) The presence of an asthma diagnosis prior to the clinical examination, from either the STOPPA questionnaires (parent -reported), the CATSS telephone interview (parent-reported), or that had been recorded in the NPR.

and

- b) At least one of the following:
	- *i)* Yes to *"Does your child have asthma?"* (STOPPA parent questionnaire) or *"Do you have asthma?"* (STOPPA twin questionnaire)
- ii) Yes to "Has your child had wheezing or whistled breathing at some point during the last 12 months?" (STOPPA parent questionnaire) or "Have you had wheezing or whistled breathing at some point during the last 12 months?" (STOPPA twin questionnaire)
- iii) Yes to "Does your child currently take any asthma medication? (STOPPA parent questionnaire)
- iv) During the year prior to the clinical examination in STOPPA, the child fulfilled either of the following validated⁵⁹ asthma medication combinations in the SPDR:
	- (1) Two or more dispenses of inhaled corticosteroids (ICS, ATC code R03BA), fixed combinations of selective beta-2-agonists and ICS (β2-ICS, ATC code R03AK), or Leukotriene Receptor Antagonists (LTRA, ATC code R03DC).
	- (2) Three or more dispenses of selective beta-2-agonists (β2, ATC code R03AC), ICS, β2 + ICS or LTRA, within one year.

The reference group for school age asthma were those who answered No to *"Has your child ever had wheezing or whistled breathing?"* (STOPPA parent questionnaire). There was no question regarding asthma ever in STOPPA.

DNA Methylation Data

DNA was extracted from whole blood using the Chemagic Star 400 kit (PerkinElmer chemagen, Baesweiler, Aachen, Germany) according to a standardized protocol. Samples allocation was performed by complete randomization of samples between analysis plates and chips, with the exception that samples from twin pairs were kept within the same chip to allow for within-pair comparisons free of batch effects. Laboratory analyses took place at the Mutation Analysis Facility (MAF), Karolinska Institutet, Stockholm, Sweden, using the Infinium HumanMethylation450 Beadchip Kit (Illumina, Inc., San Diego, California, USA).

²⁷ asthma medication combinations in the SPDR:

or or more dispenses of inhlated corticosteroids (ICS, ATC code R038A), Ixed combination

2-2-agonists and ICS (β2-ICS, ATC code R03AK), or Leukotriene Receptor Antagonist Quality control, sample and probe filtering were performed using RnBeads⁵⁵. Predicted gender and phenotypebased sex were compared and matched for all samples. Probes were filtered out due to overlap with single nucleotide polymorphisms or specific nucleotide contexts, unreliable measurements (defined as detection pvalues > $5x10^{-8}$), or location on sex chromosomes, leaving approximately 455,000 CpG probes for final analyses when using the full data set. The methylation data were normalized using the dasen method, which includes background adjustment and separate between-array normalization of Type I and Type II probes²⁶. Methylation at each CpG site was expressed as beta values.

To allow for all twins to be retained within the sample, generalized estimating equation (GEE) models are generally used in analyses using STOPPA data. By specifying twin pairs as clusters, the GEE method produces robust standard errors and corrects for within-cluster (i.e. within-pair) correlations. The parameter estimates themselves are not affected. For these analyses the R package drgee is used 60 .

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2. META-ANALYSIS DETAILS

2.1. PACE CONSORTIUM

The Pregnancy and Childhood Epigenetics (PACE) Consortium is an international consortium of cohorts with Illumina Infinium HumanMethylation450 BeadChip (450K) data measured at birth (ie: in newborns) or in $childhood⁶¹$.

The studies participating in the prospective analysis of newborn DNA methylation data in relation to the development of asthma are: the Avon Longitudinal Study of Parents and Children (ALSPAC), the Children's Health Study (CHS), Etudes des Déterminants pré et postnatals précoces du développement et de la santé de l'Enfant (EDEN, the Generation R Study, the Genome-Wide Population-based Association Study of Extremely Overweight Young Adults (GOYA) study (part of the Danish National Birth Cohort), Infancia y Medio Ambiente (INMA), the Isle of Wight (IoW) study, two independent datasets from the Norwegian Mother and Child Cohort Study (MoBa1 and MoBa2), and the Newborn Epigenetics Study (NEST).

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ipating in the prospective analysis of newborn DNA methylation data in rel
ishtma are: the Avon Longitudinal Study of Parents and Children (ALSPAC), The studies participating in the cross-sectional analyses of asthma in relation to DNA methylation measured in childhood are two independent cohorts from the Children's Allergy Environment Stockholm Epidemiology study (BAMSE; BAMSE-EpiGene and BAMSE-MeDALL), the European Childhood Obesity Project (CHOP) Study, the Genes-environments and Admixture in Latino Americans (GALA II) study, the Inner City Asthma Consortium (ICAC), the Northern Finish Birth Cohort (NFBC 1986), the Prevention and Incidence of Asthma and Mite Allergy (PIAMA) study, the Western Australian Pregnancy Cohort (Raine) Study, and the Swedish Twin Study on Prediction and Prevention of Asthma (STOPPA).

2.2. HARMONIZATION OF CHILDHOOD ASTHMA AND WHEEZE OUTCOMES

We developed a common definition of asthma to be generated from questionnaire data by each cohort. Asthma cases were children with doctor diagnosis of asthma and report of at least one of the following: (a) current asthma, (b) asthma (or asthma symptoms such as wheeze) in the past year, or (c) asthma medication use in the last year. The time point for the assessment of asthma was school age – defined as at least 5 years of age. Controls were children that had never had asthma. Details of cohort specific definitions are provided in the previous section.

2.3 Methylation Data Measurements and Quality Control

DNA methylation was measured either in newborns or older children using the Illumina 450K platform. All cohorts analyzed untransformed beta values. Cohorts performed their preferred quality control and normalization methods (see previous section). We had previously found that different pre-processing or normalization methods do not have an effect on meta-analysis results⁴⁶. Cohorts corrected for batch effects in their data using ComBat⁶² or by including a batch covariate in their models. To reduce the impact of severe outliers in the methylation data on the meta-analysis, all cohorts trimmed the methylation beta values by removing, for each CpG, observations more than three times the interquartile range below the 25th percentile or above the 75th percentile (outer fences)⁶³.

Cohorts retained all CpGs that passed quality control and did not remove CpGs that were included on lists of polymorphic, SNP, or non-specific probes such as in Chen, et al. ¹². Instead these were evaluated post-hoc in the

meta-analysis results. The distribution of all individual significant CpGs that appear on these lists were visually assessed for multi-modality in three of the larger cohorts (MoBa1, Generation R, and STOPPA).

2.3. COHORT SPECIFIC STATISTICAL ANALYSES

ere maternal age (continuous), maternal smoking status (did not smoke during uti, smoked throughout pregnancy), maternal asthma (yes or no), child's sex, and the sustantial attend thus (generally categorical maternal educ The association of methylation and asthma was assessed using logistic regression. Covariates included in the adjusted models were maternal age (continuous), maternal smoking status (did not smoke during pregnancy, smoked early then quit, smoked throughout pregnancy), maternal asthma (yes or no), child's sex, and maternal socioeconomic status (generally categorical maternal education). As noted above, Cohorts corrected for batch effects in their data using ComBat⁶² or by including a batch covariate in their models. Cohorts that have oversampled or selected on a phenotype included this selection variable in the analysis. We also adjusted for potential confounding by cell type using estimated cell type proportions calculated using the Houseman method⁶⁴ from either the cord blood cell type reference panel⁶⁵ for newborn cohorts (CD8T, CD4T, NK, Bcell, Mono, Gran, and nRBC) or the adult blood cell type reference panel⁶⁶ for cohorts with older children (CD8T, CD4T, NK, Bcell, Mono, Eos, and Neu). A crude model with adjustment only for optional batch, ancestry, and selection covariates was also done. The primary models presented include adjustment for covariates as well as cell type.

2.4. META-ANALYSES METHODS

We performed inverse variance-weighted fixed effects meta-analysis with METAL⁶⁷ and accounted for multiple testing by controlling for the false discovery rate (FDR) at 0.05⁶⁸. As a sensitivity analysis, we also performed random effects meta-analysis using the METASOFT tool⁶⁹.

2.5. ENHANCED CPG ANNOTATION

The official gene name was noted for each CpG via Illumina's genome coordinate 40. As in Joubert, et al. ⁴⁶, we enhanced the annotation provided by Illumina by using the UCSC Genome Browser (including data the RefSeq and Ensembl databases) to identify the UCSC Known Gene. UCSC genes occasionally differ from the Illumina annotation file RefSeq genes. All of the annotations use the human February 2009 (GRCh37/hg19) assembly. UCSC Known Gene annotations include nearest genes within 10 Mb of each CpG and thus fill in gene names missing in the Illumina annotation file.

2.6. ANALYSIS OF DIFFERENTIALLY METHYLATED REGIONS

Differentially methylated regions (DMRs) were assessed via two methods, comb- p^{70} and DMRcate⁷¹. Among the available methods, these two accept p-values as input, and thus can be used in the context of meta-analysis. Comb-p and DMRcate use different algorithms to identify significantly differentially methylated regions. Combp uses a one-step Šidák correction method for multiple comparisons⁷², while DMRcate uses an FDR method⁶⁸. Each method requires the input of parameters to be used in selecting the regions and these were chosen such that they were most similar to each other as detailed below. To reduce false positives, we only considered a DMR to be statistically significant if it was statistically significant in both packages, according to the definition used in each. DMRcate annotates CpGs using the UCSC Refgene in the Illumina annotation file.

For Comb-p, the input parameters found in Online Repository Methods Table 1 were used. For DMRcate, the input parameters found in Online Repository Methods Table 2 were used.

2.7. LOOKUP OF SIGNIFICANT DNA METHYLATION FINDINGS IN PREVIOUS LITERATURE

We performed a literature review of all DNA methylation and asthma association studies to identify genes reported as differentially methylated in relation to asthma or wheeze. The literature review was performed using the below PubMed search terms (originally on June 3, 2016 and updated 1/12/2018): (((((("Asthma"[Majr]))) OR (((((airways hyper responsiveness[Title/Abstract]) OR airway reactivity[Title/Abstract]) OR bronchodilator response[Title/Abstract]) OR asthma[Title/Abstract]) OR wheez*[Title/Abstract] OR FENO[Title/Abstract]))) AND (((("Methylation"[Majr]) OR "DNA Methylation"[Majr])) OR ((methylation[Title/Abstract]) OR DNA methylation[Title/Abstract])))

We additionally identified genes related to asthma in genome-wide association study (GWAS) results in the GWAS catalog⁷³(p-value<5x10⁻⁸; downloaded 6/29/2016) and updated subsequently using the Genome-Wide Repository of Associations Between SNPs and Phenotypes (GRASP) database⁷⁴(p-value<1x10⁻⁸; downloaded 3/7/2017). We updated the literature review on 01/12/2018 to include novel loci identified in the largest GWAS meta-analysis of asthma to date 75 .

2.8. FUNCTIONAL FOLLOW-UP OF SIGNIFICANT DNA METHYLATION FINDINGS

2.8.1. ANALYSIS OF DNA METHYLATION IN RELATION TO EXPRESSION OF NEARBY GENES

To identify associations between methylation levels and the expression levels of nearby genes (cis-eQTMs) we analyzed methylation and blood gene expression available in the same subjects from several sources. The association of gene expression with methylation was assessed within a 500kb window for each individual CpG (+/-250kb from the CpG). For differential methylated regions, we used a window 250kb up- and down-stream of the end and start site of each region.

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That was a rivet (CD) OR bronchodilator response[TItle/Abstractl]) OR asthma[TItle/Abstractl]) AND (((("Methylation"|Majr)) OR 3sthma[TItle/Abstractl]) AND (((("Methylation"|Majr)) OR "DNA Methylation"|Majr)) OR "DNA There were five datasets available with expression and methylation measured in the blood from the same subjects at different periods of the life course. The largest dataset was adults with 3,096 samples from four cohorts in the Netherlands (Biobank-Based Integrative Omics Studies (BIOS) consortium) in which gene expression was assessed by RNA-Seq^{76, 77}). The BAMSE study consisted of 248 samples from older children (16 years) in which gene expression was assessed using the Affymetrix Human Transcriptome Array (HTA 2.0)⁷⁸. From the INMA study we analyzed 112 samples with methylation in cord blood and 113 samples with methylation at age 4 years, both compared to gene expression measured at age four also using the Affymetrix Human Transcriptome Array (HTA 2.0) (Affymetrix, Inc, Santa Clara, CA) (ref). From the IoW cohort we analyzed paired methylation and gene expression data from cord blood samples from 158 newborns where gene expression was measured using the Agilent one-color microarray (Agilent Technologies, Santa Clara, C). In all of these studies, linear regression analysis took into account cohort specific joint sources of variability (age, gender, differential cell counts, batch effects for both methylation and gene expression). Additionally, we assessed correlation between gene expression and methylation in 38 cord blood samples from Mexican newborns deposited in Gene Expression Omnibus (GEO) [GSE62924 for methylation⁷⁹, GSE48354 for gene expression measured using the Affymetrix HTA 2.0 Array⁸⁰]. For this study, Pearson correlation coefficients were calculated because covariates were not available for linear regression analysis. Given the modest size of the studies of newborns or children, we report association based on nominal significant (P<0.05). For the much larger BIOS study of adults, the FDR was used to account for multiple testing. In all studies, methylation was measured using the Ilumina450K array.

2.8.2. FUNCTIONAL ANNOTATION

Functional annotation was done using tracks customized to DNA methylation in the UCSC Genome Browser. See Online Repository Methods Table 3 for detail on specific tracks. We examined regions to which the genomewide significant individual CpGs annotated as well as the significant differentially methylated regions (DMRs).

2.8.3. SEARCH FOR DRUGGABLE TARGETS

We matched the list of genes to which our asthma-associated CpGs and DMRs annotated against the ChEMBL database (v22.1, updated on November 15, 2016)⁸¹ to identify genes as targets of approved drugs or drugs in development. In addition, we used the Ingenuity Pathway Analysis⁸² (IPA, www.ingenuity.com, content of 2017-06-22) to identify drug targets and upstream regulators of the gene lists. We reported the upstream regulators in the following categories, biologic drug, chemical - endogenous mammalian, chemical - kinase inhibitor, chemical – other, chemical drug, chemical reagent, and chemical toxicant.

2.8.4. IDENTIFICATION OF TISSUE AND CELL SPECIFIC SIGNALS USING EFORGE

CH FOR DRUGGABLE TARGETS
st of genes to which our asthma-associated CpGs and DMRs annotated against
and the on November 15, 2016)⁴¹ to identify genes as targets of approved drug
didition, we used the Ingenuity Pathway An To identify tissue or cell type specific signals in EWAS results, we used eFORGE software⁸³. Input for eFORGE was a list of FDR significant CpGs: 9 CpGs for newborn analysis and 179 for older kids analysis. We examined enrichments for DNase I hypersensitive sites (DHSs) or histone marks. The software provides DHS data from the Roadmap Epigenomics, ENCODE, and BLUEPRINT projects; five separate histone marks (H3K27me3, H3K36me3, H3K4me3, H3K9me3, and H3K4me1) from the Roadmap Epigenomics project. We used default options (proximity distance to filter out nearby CpGs = 1 kb, the number of background CpG sets = 1000) to run the analyses.

2.8.5. PATHWAY ANALYSIS

We performed pathway and network analyses using Ingenuity Pathway Analysis (IPA) ((QIAGEN Inc., HTTPS://WWW.QIAGENBIOINFORMATICS.COM/PRODUCTS/INGENUITY-PATHWAY-ANALYSIS)⁸².

3. ONLINE REPOSITORY METHODS TABLES

Online Repository Methods Table 1: Input parameters used in the comb-p algorithm

Online Repository Methods Table 2: Input parameters used in the DMRcate

min.cpgs 2 Minimum number of consecutive CpGs constituting a DMR.

Supplementary Methods Table 3: UCSC Genome Browser customized track details.

4. ONLINE REPOSITORY FIGURE LEGENDS

Figure E1: Forest plots of 9 significant CpGs from the meta-analysis of asthma in relation to newborn methylation with adjustment for covariates and cell type. These plots show the number of cases and non-cases and odds ratios (OR) and 95% confidence intervals (95% CI) for a one percent change in methylation for each cohort along with the meta-analysis results.

Figure E2: Leave out one plots for the 9 significant CpGs from the meta-analysis of asthma in relation to newborn methylation with adjustment for covariates and cell type. These plots show the untransformed regression coefficients and 95% confidence intervals for the meta-analysis of all studies and then for the meta-analysis repeated leaving each labelled cohort out, one at a time.

Figure E3. Forest plots of 179 significant CpGs from the meta-analysis of asthma in relation to methylation in children with adjustment for covariates and cell type. These plots show the number of cases and noncases and odds ratios (OR) and 95% confidence intervals (95% CI) for a one percent change in methylation for each cohort along with the meta-analysis results.

Figure E4. Leave out one plots for the 179 significant CpGs from the meta-analysis of asthma in relation to childhood methylation with adjustment for covariates and cell type. These plots show the untransformed regression coefficients and 95% confidence intervals for the meta-analysis of all studies and then for the metaanalysis repeated leaving each labelled cohort out, one at a time.

Figure E5: Functional annotation plots of 7 significant CpGs (A-I) from the meta-analysis of asthma in relation to newborn methylation with adjustment for covariates and cell type. Custom track titled "CpGs (Newborns)" show the location of the significant CpG (red) in relation to other nearby CpGs (red – p-value < FDR; light blue – FDR ≤ p-value < 0.001; royal blue – 0.001 ≤ p-value < 0.05; black – p-value ≥ 0.05).

- (A) cg21486411 CLNS1A
- (B) cg16792002 MAML2
- (C) cg13427149 GPATCH2; SPATA17
- (D) cg17333211 SCOC; LOC100129858
- (E) cg02331902 RP11-213H15.3; AK091866 (near LUCAT1)
- (F) cg13289553 SUB1
- (G) cg07156990 WDR20

to consider the 9 significant CpGs from the meta-analysis of asthma in relations
three to covariates and cell type. These plots show the unitransformed regression cost
members for the meta-analysis of all studies and then Figure E6: Functional annotation plots of 34 CpGs non-singleton significant CpGs corresponding to 13 genes from the meta-analysis of asthma in relation to childhood methylation with adjustment for covariates and cell type. Custom track titled "CpGs (Older Kids)" show the location of the significant CpG (red) in relation to other nearby CpGs (red – p-value < FDR; light blue – FDR ≤ p-value < 0.001; royal blue – 0.001 ≤ p-value < 0.05; black – p-value ≥ 0.05). Custom track titled "DMRs (Older Kids)" indicates the location of the significant differentially methylated region.

Figure E7: Tissue and cell type specific enrichment pattern of CpGs significantly associated (FDR < 0.05) with asthma in relation to childhood methylation.

- (A) DNase1 sites (probably transcription factor binding sites) in cell lines for H3K4me1 on Roadmap Epigenomics Project (Consolidated data)
- (B) DNase1 sites (probably transcription factor binding sites) in cell lines for H3K36me3 on Roadmap Epigenomics Project (Consolidated data)

Figure E8: A heatmap is drawn using the categories of disease and biological functions, significant at p-value cutoff of 0.05 in at either newborns or children. All the categories as well as the genes are hierarchically clustered. The genes involved in newborns are colored as red and those in children as orange.

Figure E9: Density distributions of 9 significant CpGs in 2 cohorts, (A) MoBa1 and (B) Generation R from the meta-analysis of asthma in relation to newborn methylation with adjustment for covariates and cell type.

- (A) MoBa1
- (B) Generation R

Received analysis of 34 non-singleton CpGs in STOPPA from the meta-analysis of asthma
on with adjustment for covariates and cell type. Distributions of all 179 CpGs were
the covariation of the covariation of the covariatio Figure E10: Density distributions of 34 non-singleton CpGs in STOPPA from the meta-analysis of asthma in relation to childhood methylation with adjustment for covariates and cell type. Distributions of all 179 CpGs were checked (not shown).

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Table E1 Descriptive statistics of covariates for each cohort

* EU = European Ancestry; M = Mixed Ancestry; AA = African American Ancestry

** SES = Socioeconomic Status; each cohort used their best estimate for SES, often maternal education level.

methylation. Sorted by chromosomal position				
DMR chr:pos	N CpGs (N nominal*)	CpG	CpG Position	p-value
chr1:1296093-1296489	2(2)	cg13354934	1296093	3.68E-05
		cg14375163	1296488	1.39E-02
chr1:59280290-59280842	5(5)	cg17826530	59280290	9.13E-03
	ACCEPTED MAI	cg20593826	59280370	1.01E-02
		cg08731696	59280489	6.71E-03
		cg02951357	59280619	8.05E-03
		cg16037711	59280841	2.64E-02
chr1:220263017-220263699	11(8)	cg17009631	220263017	2.00E-02
		cg06854438	220263111	6.35E-02
		cg07017209	220263177	3.77E-02
		cg10818272	220263189	1.14E-01
		cg23274377	220263237	3.69E-02
		cg00578530	220263239	7.47E-03
		cg04168050	220263278	1.36E-03
		cg00784308	220263509	7.05E-03
		cg20243626	220263520	5.86E-01
		cg11379360	220263525	4.77E-02
		cg00719685	220263698	1.19E-02
chr2:202097062-202097608	5(3)	cg04048517	202097062	2.34E-01
		cg02878216	202097093	3.99E-05
		cg19448993	202097129	7.28E-03
		cg24410214	202097173	9.46E-05
		cg20608990	202097607	2.44E-01
chr2:235004843-235005012	2(2)	cg03259207	235004843	8.92E-04
		cg27534679	235005011	1.70E-04
chr3:194188646-194189444	3(3)	cg08059402	194188646	1.66E-03
		cg13959207	194188988	5.29E-04
		cg15977148	194189443	2.24E-02
chr4:113218385-113218525	3(3)	cg17445830	113218385	5.05E-03
		cg15299279	113218437	9.35E-05
		cg16292983	113218524	3.83E-03
chr5:64777678-64778186	10(6)	cg02577849	64777678	1.03E-01
		cg24184449	64777750	3.14E-02
		cg24166172	64777777	5.49E-02
		cg10642820	64777786	3.16E-02
		cg14700821	64777802	3.89E-02
		cg10944144	64777807	8.20E-01
		cg19927028	64777838	1.15E-02 8.76E-02
		cg14793753 cg18140645	64778097 64778147	4.28E-02
		cg26688155	64778185	5.08E-05
chr5:81573780-81574461	11(7)	cg08341821	81573780	2.60E-02
		cg07833035	81573845	3.44E-01
		cg27310251	81574067	4.83E-02
		cg04645034	81574156	1.14E-03
		cg01556715	81574292	2.30E-03
		cg14916917	81574294	9.71E-03
		cg26986558	81574325	2.46E-01
		cg17724054	81574408	1.90E-02
		cg05002974	81574439	5.25E-01
		cg10681725	81574453	1.71E-01
		cg10425506	81574460	1.26E-02
chr5:158526108-158526694	6(4)	cg27347265	158526108	3.41E-01
		cg07256113	158526263	1.11E-01
		cg17036833	158526332	1.17E-03
		cg05530568	158526614	8.00E-03
		cg17009297	158526642	2.41E-03
		cg04217450	158526693	1.36E-03
chr6:291687-292824	9(6)	cg07332563	291687	5.62E-02
		cg21548813	291882	4.10E-03
		cg03395511	291903	3.20E-03
		cg15383120	291909	2.50E-03
		cg18110333	292329	1.45E-02
		cg05064044	292385 292522	1.96E-03 5.30E-02
		cg11235426 cg01516881	292596	2.73E-02

Table E2 All CpGs within the significant differentially methylated regions in analysis of asthma in relation to newborn methylation. Sorted by chromosomal position

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Table E3

 Nine significant (FDR<0.05) CpGs from the meta-analysis of asthma in relation to newborn methylation with adjustment for covariates and cell type, and look up of results for same CpGs without cell type adjustment and without any adjustment

* Annotation based on UCSC Known Gene also fills in nearest gene within 10 MB.

** Odds ratio of developing asthma for a 1% absolute increase in methylation.

Table E4 Genes previously associated with childhood asthma identified from literature review in either methylation or GWAS of asthma.

* Annotation based on UCSC Known Gene also fills in nearest gene within 10 MB.

** Odds ratio of developing asthma for a 1% absolute increase in methylation.

*** Significant nominal (<0.05) p-value

Table E6*Lookup of 179 CpGs differentially methylated in blood in childhood in two studies of nasal methylation: PIAMA and ICAC*

* Annotation based on UCSC Known Gene also fills in nearest gene within 10 MB.

Table E7 *Lookup of 179 CpGs differentially methylated in blood in childhood relation to asthma, in an independent study of methylation in purified eosinophils (Eos) in relation to asthma.*

				PACE Discovery $(N=647 \text{ cases})$		Look-Up in Eos	
						$(N=16 \text{ cases})$	
CpG	chr:position	UCSC RefGene Name	UCSC Known Gene*			Direction of Effect	
				OR (CI)	P-value	Concordant	P-value
		CEP	BĪ			with PACE	
cg06315149	chr1:2036398	PRKCZ	PRKCZ	0.89(0.84, 0.93)	6.08E-06	yes	2.43E-02
cg13066938	chr1:6341140	ACOT7	ACOT7	0.91(0.88, 0.95)	1.67E-05	yes	2.36E-02
cg21220721	chr1:6341230	ACOT7	ACOT7	0.94 (0.92,0.96)	1.02E-08	yes	1.80E-02
cg09249800	chr1:6341287	ACOT7	ACOT7	0.88(0.84, 0.92)	1.19E-08	yes	3.52E-02
cg11699125	chr1:6341327	ACOT7	ACOT7	0.90(0.87, 0.93)	7.54E-10	yes	4.74E-02
cg18783781	chr1:9599067	SLC25A33	SLC25A33	0.90(0.86, 0.94)	7.45E-06	yes	4.16E-02
cg02171825	chr1:26517586	CATSPER4	CATSPER4	0.88(0.83, 0.93)	9.01E-06	yes	2.31E-02
cg01942646	chr1:27240694	NR0B2	NR0B2	0.88(0.83, 0.93)	1.45E-06	yes	3.78E-02
cg16263722	chr1:29523841	MECR	MECR	0.89(0.86, 0.93)	2.14E-07	yes	3.24E-02
cg11987455	chr1:43290834	ERMAP	ERMAP	0.89(0.85, 0.93)	7.55E-07	yes	3.90E-02
cg11683482	chr1:44678623	DMAP1	DMAP1	0.90(0.86, 0.93)	5.39E-08	yes	3.32E-02
cg12643917	chr1:44715958	ER ₁₃	ER ₁₃	0.89(0.85, 0.94)	8.98E-06	yes	1.67E-02
cg26252077	chr1:61607055	NFIA	NFIA	0.88(0.84, 0.92)	2.18E-08	yés	3.82E-02
cg10704177	chr1:62209607 chr1:87596934	INADL LOC339524	INADL LOC339524	0.90(0.87, 0.94)	2.25E-07	yes	3.63E-02
cg01445399 cg19805160	chr1:159870731	CCDC19	CCDC19	0.91(0.87, 0.95) 0.89(0.85, 0.94)	1.72E-05 2.85E-06	yes	3.23E-02 2.76E-02
cg09332506	chr1:160309220	COPA	NCSTN	0.86(0.81, 0.91)	1.00E-06	yes yes	2.66E-02
cg17971251	chr1:177907297	SEC16B	SEC16B	0.86(0.82, 0.91)	9.52E-09	yes	3.41E-02
cg26033504	chr1:201458737	CSRP1	CSRP1	0.91(0.87, 0.95)	6.35E-06	yes	5.95E-02
cg04895895	chr1:231005895	$C1$ orf 198	$C1$ orf 198	0.89(0.84, 0.93)	5.26E-06	yes	4.08E-02
cg02473287	chr2:9752386	YWHAQ	YWHAQ	0.90(0.85, 0.94)	8.00E-06	yes	3.18E-02
cg10142874	chr2:11917623	LPIN1	LPIN1	0.89(0.85, 0.93)	1.04E-06	yes	3.75E-02
cg26752663	chr2:25142016	ADCY3	ADCY3	1.12(1.07, 1.17)	1.79E-06	yes	3.75E-01
cg00043800	chr2:74612144	LOC100189589	LOC100189589	0.91(0.87, 0.95)	1.32E-05	yes	5.14E-02
cg17988187	chr2:74612222	LOC100189589	LOC100189589	0.90(0.86, 0.94)	1.21E-06	yes	2.62E-02
cg12077754	chr2:75089669	HK2	HK2	0.92(0.89, 0.96)	4.56E-06	yes	3.41E-02
cg22674082	chr2:98585733	TMEM131	TMEM131	0.89(0.84, 0.94)	1.44E-05	yes	2.99E-02
cg00327263	chr2:120019111	STEAP3	STEAP3	0.90(0.86, 0.94)	8.00E-06	yes	9.15E-02
cg25950520	chr2:121036760	RALB	RALB	0.85(0.79, 0.91)	1.31E-05	yes	5.60E-02
cg00213281	chr2:149639822	KIF5C;MIR1978	JA429504	0.88(0.83, 0.93)	1.24E-06	yes	2.29E-02
cg02494549	chr2:161798364		TANK	0.86(0.82, 0.91)	1.56E-07	yes	5.16E-02
cg01310029	chr3:3152374	IL5RA	IL5RA	0.89(0.85, 0.94)	4.18E-06	yes	3.68E-02
cg10159529	chr3:3152530	IL5RA	IL5RA	0.90(0.86, 0.94)	4.48E-06	yes	3.12E-02
cg25224369	chr3:12918528		DQ581328	0.90(0.86, 0.94)	7.75E-06	yes	4.65E-02
cg07386061	chr3:52492874	NISCH ITIH4	NISCH	0.91(0.88, 0.95)	1.00E-06	yes	3.81E-02
cg17890764	chr3:52864816 chr3:66404129	SLC25A26	ITIH4 LRIG1	0.91(0.87, 0.94)	8.95E-07 2.70E-07	yes	9.14E-02 3.02E-02
cg07410597 cg04217850	chr3:66428294	SLC25A26	LRIG1	0.88(0.84, 0.93) 0.88(0.83, 0.93)	2.35E-06	yes	4.53E-02
cg06070625	chr3:69812798	MITF	MITF	0.90(0.86, 0.94)	5.36E-06	yes yes	2.97E-02
cg06391412	chr3:71295684	FOXP1	FOXP1	0.87(0.84, 0.91)	3.00E-09	yes	2.70E-02
cg20263733	chr3:130616293	ATP2C1	ATP2C1	0.87(0.82, 0.92)	4.26E-07	yes	5.11E-02
cg09423651	chr3:136618442	NCK1	NCK1	0.88(0.83, 0.93)	9.72E-06	yes	3.98E-02
cg08698681	chr3:171091657	TNIK.	TNIK	0.89(0.84, 0.93)	5.52E-06	yes	2.04E-02
cg25636075	chr3:185217761	TMEM41A	TMEM41A	0.87(0.81, 0.92)	5.59E-06	yes	2.23E-02
cg02803925	chr3:195974300	PCYT1A	PCYT1A	0.86(0.82, 0.92)	9.27E-07	yes	3.86E-02
cg04077085	chr4:9937674	SLC2A9	SLC2A9	0.86(0.81, 0.91)	5.34E-07	yes	3.42E-02
cg18912470	chr4:57848125	POLR2B	POLR2B	0.91(0.87, 0.94)	1.23E-06	yes	3.57E-02
cg26396815	chr4:102878132	BANK1	BANK1	0.89(0.84, 0.94)	1.24E-05	yes	3.87E-02
cg20866785	chr4:148733880	ARHGAP10	Metazoa_SRP	0.91(0.87, 0.95)	1.70E-05	yes	6.39E-02
cg16362140	chr5:10708717	DAP	DAP	0.90(0.87, 0.94)	1.17E-06	yes	3.66E-02
cg22588983	chr5:38783142		AK126213	0.86(0.80, 0.92)	1.35E-05	yes	4.05E-02
cg00944309	chr5:60142446		ELOVL7	0.90(0.86, 0.94)	4.03E-07	yes	4.96E-02
cg14978242	chr5:79501131	SERINC5	SERINC5	0.93(0.89, 0.96)	1.74E-05	yes	2.47E-02
cg09565310	chr5:112541553	MCC	MCC	0.89(0.85, 0.93)	3.10E-06	yes	3.03E-02
cg08969102	chr5:133563532		PPP ₂ CA	0.91(0.88, 0.95)	1.54E-05	yes	3.31E-02
cg21627181	chr6:25754190	SLC17A4	SLC17A4	0.90(0.86, 0.95)	1.90E-05	yes	3.21E-02
cg09597192 cg06426027	chr6:32141591 chr6:33232644	AGPAT1 VPS52	PPT ₂ VPS52	0.88(0.84, 0.93) 0.83(0.77, 0.90)	4.29E-06 2.32E-06	yes yes	1.99E-02 1.87E-02
cg18460809	chr6:57048049	BAG2	BAG2	0.89(0.85, 0.93)	6.05E-07	yes	3.41E-02
cg15961693	chr6:139689053		CITED ₂	0.89(0.84, 0.94)	1.22E-05	yes	3.02E-02
cg26774971	chr6:158994407	TMEM181	TMEM181	0.90(0.86, 0.95)	1.88E-05	yes	3.08E-02
cg05477517	chr6:164531576		AK093114	0.88(0.83, 0.92)	5.42E-07	yes	4.58E-02
cg15304012	chr6:166876490	RPS6KA2	RPS6KA2	1.08(1.04, 1.13)	1.86E-05	yes	2.13E-01
cg19851574	chr6:167178233	RPS6KA2	RPS6KA2	0.95(0.94, 0.97)	3.42E-06	yes	3.76E-02
cg03329755	chr6:167189272	RPS6KA2	RPS6KA2	0.91(0.88, 0.95)	6.14E-06	yes	3.04E-02
cg25270424	chr7:24965657	OSBPL3	OSBPL3	0.86(0.82, 0.92)	4.75E-07	yes	4.69E-02
cg04321303	chr7:44107504		PGAM2	0.91(0.88, 0.95)	2.72E-06	yes	3.02E-02
cg02435538	chr7:75507337	RHBDD2	RHBDD2	0.90(0.86, 0.94)	7.37E-07	ves	6.15E-02

Table E8 **Antially methylation of methylation with gene expression in different datasets: (A) CpGs differentially methylated in newborns in relation to asthma; (B) Regions differentially methylated (DMRs) in** *newborns in relation to asthma development; (C) CpGs differentially methylated in childhood in relation to asthma; (D) Regions differentially methylated (DMRs) in older children in relation to school aged asthma.*

(A)

* ch probes (ch.11.109687686R and ch.6.1218502R) have been reported to be cross hybridizing and thus UCSC Known Gene is intentionally left blank.

** UCSC Known Gene fills in nearest genes for those missing gene annotation in the UCSC RefGene Name column.

*** P-value < 0.05 in the smaller GEO, IoW, INMA and BAMSE datasets and FDR < 0.05 in the larger BIOS dataset.

(B)

* P-value < 0.05 in the smaller GEO, IoW, INMA and BAMSE datasets and FDR < 0.05 in the larger BIOS dataset.

(C)

CpGs associated with gene expression in at least one of the datasets.

* UCSC Known Gene fills in nearest genes for those missing gene annotation in the UCSC RefGene Name column. ** P-value < 0.05 in the smaller GEO, IoW, INMA and BAMSE datasets and FDR < 0.05 in the larger BIOS dataset.

(D)

* P-value < 0.05 in the smaller GEO, IoW, INMA and BAMSE datasets and FDR < 0.05 in the larger BIOS dataset.

Table E9: Significantly enriched canonical pathways, diseases and biological functions from Ingenuity Pathway Analysis based on CpGs and regions differentially methylated in newborns in relation to asthma

DISEASES AND BIOLOGICAL FUNCTIONS

P-value

Cellular Growth a

and Function

Hematopoiesis

Lymphoid Tissue Structure and Development

Function

Table E10: Significantly enriched canonical pathways, diseases and biological functions from Ingenuity Pathway Analysis based on CpGs and regions differentially methylated in older children relation to asthma

CANONICAL PATHWAYS

Hypersensitivity Response

Organismal Injury and Abnormalities

Hematological Disease

Immunological Disease

Cellular Growth and Proliferation

Function

Organ Development

Hematopoiesis

*Diseases and biological functions which had only one gene involved were removed.

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*UCSC Known Gene used to map to drug target database

* Based on DMRCate annotation to RefGene from Illumina annotation file

cg13289553

NFBC

PIAMA

RAINE

STOPPA

^{0.71}
Odds Ratio

 $1,0$

 1.41

 0.50

META-ANALYSIS

0.71
Odds Ratio

 1.0

 0.50

 $NFBC$

0.50 0.71
Odds Ratio

 0.25

 0.35

 1.0 1.41

29:343

15:182

114:405

137:323

551:2094

GALA 106:87 0.88 106:87 0.77 **ICAC** 97:97 0.72 97:97 0.67 0.90 0.97 **NFBC** 29:343 29:343 1.15 1.10 **PIAMA** 15:182 15:182 0.95 0.88 RAINE 114:405 114:405

cg04933530

cg05875066

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15:182

114:405

PIAMA

RAINE

0.88

 0.94

0.71
Odds Ratio

 1.0

15:182

114:405

1.23

STATE

0.94

114:405

RAINE

114:405

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1.0
Odds Ratio 1.41

114:405

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Odds Ratio

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114:405

0.97

15:182

114:405

PIAMA

RAINE

 1.17

 $\frac{1}{20}$

 1.0 Odds Ratio 1.41

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cg26774971

N cases:controls OR **Cohort** BAMSE_EPIGENE 93:214 0.90 BAMSE_MEDALL 0.75 47:167 CHOP 0.97 19:363 GALA 0.90 GALA 0.92 106:87 106:87 \blacksquare **ICAC** 97:97 0.76 97:97 0.87 **ICAC NFBC NFBC** 0.78 29:343 29:343 0.66 **PIAMA** 15:182 0.86 **PIAMA** 15:182 1.13 RAINE 114:405 0.98 RAINE 114:405 0.96 $\overline{}$ **STOPPA STOPPA** 137:323 0.92 137:323 0.89 **META-ANALYSIS META-ANALYSIS** 657:2181 0.90 657:2181 0.90 ^{0.71}
Odds Ratio ^{1.0}
Odds Ratio 0.50 0.71 1.41 1.0

cg00170714

cg01445399

cg02473287

cg04077085

cg05300717

cg08698681

cg09423651

cg10387956

cg13458609

cg14084609

cg16362140

Left out study

cg18337287

Left out study

cg19434937

cg20673965

cg21919729

Left out study

cg23706836

cg25270424

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