Supporting information

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Proteomic profiling of low muscle and high fat mass: a machine learning approach in the KORA S4/FF4 study

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Supporting information

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Figure S1: Flow chart of participant exclusions of cross-sectional and longitudinal analysis BIA, bioelectrical impedance analysis; n, number of participants.

Figure S2: Biomarker exclusions in the three proteomics panels

CVD, cardiovascular disease; INF, inflammation; LOD, limit of detection; n, number of protein biomarkers.

Details regarding exclusions of the protein biomarkers:

We excluded three biomarkers of panel CVDII, three biomarkers of the panel CVDIII, and 23 biomarkers of the panel Inflammation due to values below the limit of detection (LOD) in > 25 % of all data before participant exclusions. From the remaining data, nine biomarkers were measured in duplicate for all participants in two different panels: Six biomarkers were enclosed in both CVDII and Inflammation panels and three biomarkers were included in both CVDIII and Inflammation panels. We decided to exclude the values of the panel in which the data entailed more values below the LOD and if not applicable, a higher inter-assay coefficient of variation. Resulting from this, four biomarkers of CVDII, three biomarkers of CVDIII, and two biomarkers of Inflammation were excluded. Additionally, five biomarkers were excluded in CVDIII, because of missing values not resulting from values below LOD. This concludes to a total number of 233 different protein biomarkers incorporated into the analysis (Figure S2). For all biomarkers that were not excluded and contained values < LOD, the values < LOD remained in the data and were not substituted.

Biomarker ID	Full name	UniProt ID	LOD	Values <lod (n)</lod 	Values <lod $(\%)$</lod 	Intra- Assay CV(%)	Inter- Assay CV(%)
ACE ₂	Angiotensin-converting enzyme 2	Q9BYF1	1.18	Ω	Ω	11	13.73
ADAM-TS13	A disintegrin and metalloproteinase with thrombospondin motifs 13	Q76LX8	1.88	0	0	5.58	6.92
ADM	Adrenomedullin	P35318	1.06	Ω	0	10.15	12.5
AGRP	Agouti-related protein	O00253	0.47	0	0	5.16	12.19
AMBP	Protein AMBP	P02760	0.83	Ω	0	3.42	4.93
ANGPT1	Angiopoietin-1	Q15389	0.86	Ω	Ω	6.82	23.38
BMP-6	Bone morphogenetic protein 6	P22004	2.08	$\overline{0}$	0	5.98	17.1
BNP	Natriuretic peptides B	P16860	1.55	1092	69.55	a	a
BOC	Brother of CDO	Q9BWV1	0.61	Ω	Ω	6.77	10.52
CA5A	Carbonic anhydrase 5A, mitochondrial	P35218	1.51	317	20.19	11.19	14.66

Table S1: Biomarker information CVDII panel

CV, coefficient of variation; LOD, limit of detection; UniProt ID, universal protein database identification. ^a All or nearly all values of the control samples, which are requisite to calculate the CVs, were < LOD. If the values of the control samples are < LOD, they are not included in the calculation of the CVs. Therefore, the number of available values was too low to estimate the CV.

Table S2: Biomarker information CVDIII panel

Biomarker ID	Full name	UniProt ID	LOD	Values $<$ LOD (n)	Values $<$ LOD $(\%)$	Intra- Assay CV (%)	Inter- Assay CV (%)
ST ₂	ST2 protein	Q01638	1.62	$\mathbf 1$	0.06	8.81	14.62
t-PA	Tissue-type plasminogen activator	P00750	2.44	0	0	5.6	25.63
TFF3	Trefoil factor 3	Q07654	2.68	0	0	6.49	15.5
TFPI	Tissue factor pathway inhibitor	P10646	0.53	$\mathbf 0$	0	6.2	15.91
TIMP4	Metalloproteinase inhibitor 4	Q99727	0.58	0	0	5.78	14.53
$TLT-2$	Trem-like transcript 2 protein	Q5T2D2	2.47	$\mathbf 0$	0	7.23	22
TNF-R1	Tumor necrosis factor receptor 1	P19438	1.36	$\mathbf 0$	0	6.46	15.15
TNF-R2	Tumor necrosis factor receptor 2	P20333	2.17	0	0	6.08	15.06
TNFRSF10C	Tumor necrosis factor receptor superfamily member 10C	O14798	1.77	$\mathbf 0$	$\mathbf 0$	5.94	14.54
TNFRSF14	Tumor necrosis factor receptor superfamily member 14	Q92956	1.85	$\overline{0}$	0	5.39	18.65
TNFSF13B	Tumor necrosis factor ligand superfamily member 13B	Q9Y275	1.28	$\overline{0}$	0	6.02	16.91
TR	Transferrin receptor protein 1	P02786	0.57	$\mathbf 0$	0	4.34	12.57
TR-AP	Tartrate-resistant acid phosphatase type 5	P13686	1.97	$\overline{0}$	0	5.58	14.63
U-PAR	Urokinase plasminogen activator surface receptor	Q03405	1.86	$\overline{0}$	0	6.13	18.69
uPA	Urokinase-type plasminogen activator	P00749	1.09	0	0	5.65	15.43
vWF	von Willebrand factor	P04275	1.09	0	0	11.49	38.74

CV, coefficient of variation; LOD, limit of detection; UniProt ID, universal protein database identification. ^a All or nearly all values of the control samples, which are requisite to calculate the CVs, were < LOD. If the values of the control samples are < LOD, they are not included in the calculation of the CVs. Therefore, the number of available values was too low to estimate the CV.

Biomarker ID	Full name	UniProt ID	LOD	Values <lod (n)</lod 	Values <lod (%)</lod 	Intra- Assay CV (%)	Inter- Assay CV (%)
4E-BP1	Eukaryotic translation initiation factor 4E- binding protein 1	Q13541	2.19			5.78	64.17
ADA	Adenosine Deaminase	P00813	1.06			6.88	29.35

Table S3: Biomarker information Inflammation panel

CV, coefficient of variation; LOD, limit of detection; UniProt ID, universal protein database identification. ^a All or nearly all values of the control samples, which are requisite to calculate the CVs, were < LOD. If the values of the control samples are < LOD, they are not included in the calculation of the CVs. Therefore, the number of available values was too low to estimate the CV.

Detailed description concerning the calculations of the outcomes:

Based on the impedance, the BIA generates the parameters resistance and reactance, which were used for the calculations of the variables appendicular skeletal muscle mass (ASMM) and body fat mass index (BFMI). ASMM was calculated using the Sergi equation: ASMM(kg) $= -3.964 + 0.227$ * resistive index + 0.095 * weight + 1.384 * sex + 0.064 * reactance [1], recommended by the European Working Group on Sarcopenia in Older People in 2019 [2]. Concerning the Sergi equation, the resistive index is the resistance normalized by stature (height² / resistance). Sex was coded as female = 0 and male = 1. BFMI was calculated using the equation of Kyle et al. [3]. This included first the calculation of fat free mass (FFM) in kg using the formula: FFM = -4.104 + 0.518 $*$ (height² / resistance) + 0.231 $*$ weight + 0.130 $*$ reactance $+$ 4.229 $*$ sex [4], followed by the calculation of body fat in kg (body fat = weight -FFM) and subsequently the calculation of BFMI (BFMI = body fat / height²).

In the following, we describe the choice of using BIA measurements for our study. Apart from the lower costs, BIA does not expose the participants to radiation as opposed to dual X-ray absorptiometry (DXA) and computed tomography (CT) [5]. This could increase the compliance of the participants and therefore reduce selection bias. Moreover, we specifically used equations to calculate muscle [1] and fat mass [4] for which DXA was used as the reference method. The consensus of the European Working Group on Sarcopenia in Older People from 2019 on which we based our choice to use the Sergi equation for ASMM of BIA measurements, advised the BIA as well as DXA, CT or magnetic resonance imaging (MRI) in research studies to confirm sarcopenia through measuring muscle quantity or quality [2].

Table S4: Definition of the outcomes in the cross-sectional analysis

^a Cut point for women: 15.26 kg, cut point for men: 21.18 kg

 b Cut point for women: 13.42 kg/m², cut point for men: 9.78 kg/m²

^c Cut point for women: 16.08 kg, cut point for men: 22.27 kg

 d Cut point for women: 12.03 kg/m², cut point for men: 8.79 kg/m²

ASMM, appendicular skeletal muscle mass; BFMI, body fat mass index; N, number of participants

Figure S3: Definition of the outcomes in the cross-sectional analysis

(a) The binary outcome low ASMM consists of the risk group including participants representing the 25 % (n = 370) of participants with the lowest ASMM and its corresponding control group, the remaining 75 % (n = 1108). The binary outcome high BFMI included the 25 % (n = 370) of participants with the highest BFMI and its corresponding control group, the remaining 75 % (n = 1108). (b) The risk group for the combined outcome of low ASMM and high BFMI was determined by intersecting the 40 % of participants with the lowest ASMM and the 40 % of participants with the highest BFMI, illustrated in light grey. This group consists of 7 % (n = 110) of the total study population and the corresponding control group of the remaining participants ($n = 1368$).

ASMM, appendicular skeletal muscle mass; BFMI, body fat mass index; n, number of participants. ^a For the group of male participants, one participant had the same value as the cutoff for BFMI. Therefore, the one participant did count into the group of ≤ 60 %. As this was not the case for ASMM, there is one participant less in the group of ASMM \geq 40 % compared to the group of BFMI \leq 60 %.

Table S5: Definition of the outcomes in the longitudinal analysis

^a Cut point for women: -6.81 %, cut point for men: -5.28 %

^b Cut point for women: 13.19 %, cut point for men: 14.21 %

^c Cut point for women: -4.63 %, cut point for men: -2.75 %

^d Cut point for women: 7.78 %, cut point for men: 5.08 %

ASMM, appendicular skeletal muscle mass; BFMI, body fat mass index; N, number of participants.

Detailed description of the covariates:

Albumin was measured in EDTA-plasma with nephelometry using a BN 2 analyzer. Glycated hemoglobin (HbA1c) was analyzed in whole blood with a turbidimetric inhibition immunoassay (TINIA) using a Hitachi 717 (Roche Diagnostics, Mannheim, Germany) [6]. The measurements of high-density lipoprotein (HDL) and triglycerides were described elsewhere [7]. For this analysis, the covariate triglycerides was transformed with natural logarithmic transformation. Estimated glomerular filtration rate (eGFR) was calculated based on measurements of creatinine. Creatinine was measured in serum using enzymatic color test on a Hitachi 917 (Boehringer Mannheim, Mannheim, Germany). The calculations of eGFR with creatinine were based on the publication of Inker et al. in 2012 [8].

The categories of smoking status included never, former or current (at least one cigarette per day) smoker. The definition of the variable physical activity was described elsewhere [9]. The variable education was classified as either > 10 years or ≤ 10 years of education. For the variable alcohol intake, the participants were asked about their consumption of alcoholic beverages on the previous workday and during the previous weekend to estimate the alcohol intake as grams per day. Based on the continuous variable of grams per day, alcohol intake was classified into three categories: men: 0 g/day, 0.1-39.9 g/day, and ≥ 40 g/day; women: 0 q/day , 0.1-19.9 q/day , and \geq 20 q/day [10]. Blood pressure measurements were described elsewhere [7]. Hypertension was identified if participants had a blood pressure of > 140/90 mmHg or if the participant claimed the intake of antihypertensive medication and was aware of having hypertension [6]. Intake of lipid-lowering medication was defined as intake of at least one medication including Simvastatin, Lovastatin, Pravastatin, Fluvastatin, Atorvastatin, Cerivastatin, Bezafibrat, Gemfirolzil, Fenofibrat, and Etofibrat. Plant-based medication was not included.

Detailed description of the statistical analysis:

All statistical analyses were performed using R, V.3.6.2 [11]. We performed association analysis using the combined method boosting with stability selection [12]. Thereby,

component-wise functional gradient descent boosting of a linear / logistic regression model is combined with the method stability selection, which enables strong control of false positives. We used the R package mboost [13] for boosting and the R package stabs [14] for stability selection. We performed the boosting with an offset encompassing a model including the 13 covariates age, HDL, triglycerides, HbA1c, eGFR, albumin, sex, physical activity, hypertension, smoking status, education, alcohol intake, and intake lipid-lowering medication. As a result, only protein biomarkers that were associated with the outcome independent of the covariates were selected. In a second step, we calculated logistic / linear regression models with the single selected biomarkers adjusted for all 13 covariates and other selected protein biomarkers of the corresponding outcome (model 1). In model 2, we included in addition to model 1 the opponent outcome as a further covariate, i.e. for the outcome ASMM we adjusted for BFMI and vice versa. For all protein biomarkers of which the coefficients became nonsignificant or changed directions in model 2 compared to model 1, we further included an interaction term of the concerned protein biomarker and the opponent outcome.

The prediction analysis encompassed the calculation of group least absolute shrinkage and selection operator (lasso) using R package grpreg [15] with 100 bootstrap iterations. Based on the 100 lasso calculations in all training samples of the bootstrapping and therefore 100 results concerning the selected variables, we determined the selection frequency of the variables and based on this the final ranking. All variables with the same selection frequency calculated from lasso with bootstrapping have the same rank; e.g. all variables with a selection frequency of 100% have rank 1. Therefore, more than one variable can be assigned to rank 1. We calculated the area under the curve (AUC) of a logistic regression model including 13 classical risk factors (AUC_{basic}) and a model additionally including protein biomarkers (variables of the crosssectional analysis are listed in Table S8, variables of the longitudinal analysis in Table S11) that were selected in ≥ 90 % of the group lasso bootstrap iterations (AUC_{extended}). We additionally calculated their delta AUC (AUC_{extended}-AUC_{basic}) to identify the added prediction performance of the most important protein biomarkers on top of the classical risk factors. Therefore, AUCs and delta AUCs were calculated using the R package fbroc [16]. Crossvalidation was used to calculate the arithmetic means of AUCs and delta AUCs over 10 folds. The confidence intervals (CI) of mean AUCs and mean delta AUCs were calculated via 100 fold percentile bootstrapping using the R package boot [17, 18]. Smoothing the ROC curves enabled us to calculate and plot a mean ROC curve illustrated in Figure S4. We smoothed the ROC curve of each of the 10 folds using the function "smooth" from the R package pROC [19] and created the plots of Figure S4 using the R package ggplot2 [20].

As a sensitivity analysis for the prediction analysis, we further compared the results of lasso with bootstrapping with the results of random forest (RF) and support vector machine (SVM). We performed RF using the R package randomForest [21]. R packages caret [22] and e1071 [23] with the "svmlinear2" method were used for SVM with linear Kernel. The ranking of the variables in RF and SVM was according to variable importance measures (VIM), based on the mean decrease in accuracy for categorical outcomes in RF, percentage increase in mean squared error for continuous outcomes in RF, coefficient of determination R² for continuous outcomes in SVM and AUC for categorical outcomes in SVM. The top 10 rankings of the most important variables of the lasso with bootstrapping, RF, and SVM were compared in the sensitivity analysis. In all prediction analyses, the classical risk factors and the protein biomarkers were processed equally as possible predictors. Therefore, all variables (13 classical risk factors and 233 protein biomarkers) were available for the ranking.

In the longitudinal analysis, we used the same statistical approach as in the cross-sectional analysis.

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Table S6: Baseline (S4) characteristics of the study population

^a Continuous variables are presented as arithmetic mean±SD.

^b Natural logarithmic transformed variables are presented as geometric mean (antilog of SE).

^c25 % of participants with the lowest ASMM. Cut points were applied for men and women separately.

^d 25 % of participants with the highest BFMI. Cut points were applied for men and women separately.

^e Combination of participants, who were categorized in the group of the 40 % of participants with the lowest ASMM and the group of the 40 % of participants with the highest BFMI. Cut points were applied for men and women separately.

ASMM, appendicular skeletal muscle mass; BFMI, body fat mass index; eGFR, estimated glomerular filtration rate; HbA1c, hemoglobin A1c; HDL, high-density lipoprotein.

Table S7: Characteristics of the study population in the longitudinal sample

^a Continuous variables are presented as arithmetic mean±SD.

^b 25 % of participants with the lowest ASMM. Cut points were applied for men and women separately.

^c 25 % of participants with the highest BFMI. Cut points were applied for men and women separately.

 d Combination of participants, who were categorized in the group of the 40 % of participants with the

lowest ASMM and the group of the 40 % of participants with the highest BFMI. Cut points were applied for men and women separately.

^e 25 % of participants with the highest decrease in ASMM. Cut points were applied for men and women separately.

^f25 % of participants with the highest increase in BFMI. Cut points were applied for men and women separately.

^g Combination of participants, who were categorized in the group of the 40 % of participants with the highest decrease in ASMM and the group of the 40 % of participants with the highest increase in BFMI. Cut points were applied for men and women separately.

ASMM, appendicular skeletal muscle mass; BFMI, body fat mass index.

Table S8: Cross-sectional analysis – Prediction analysis – Group lasso with 100x

bootstrapping

In the table, only variables are listed that were selected in ≥ 90 times out of 100 group least absolute shrinkage and selection operator bootstrap iterations.

ASMM, appendicular skeletal muscle mass; BFMI, body fat mass index; eGFR, estimated glomerular filtration rate; HbA1c, hemoglobin A1c; HDL, high-density lipoprotein; lasso, least absolute shrinkage and selection operator.

Figure S4: Smoothed ROC curves of 10-fold cross-validation of logistic regression models with classical risk factors (AUC_{basic}) and protein biomarkers in addition to classical risk factors (AUCextended)

Smoothed ROC curves of all 10 folds and their mean of the cross-validation are illustrated for the AUCs calculated for a model only including classical risk factors, AUC_{basic} (illustrated in grey), and the AUCs calculated for a model additionally including all protein biomarkers that were selected in ≥ 90 % of the group least absolute shrinkage and selection operator bootstrap iterations, AUC_{extended} (illustrated in black). Bold lines indicate the mean ROC curve of all 10 smoothed ROC curves of the folds, which are illustrated as thin lines. ROC curves are shown for the outcomes (a) low ASMM, (b) high BFMI, and (c) combination of low ASMM and high BFMI.

AUCbasic: AUC of a logistic regression model including 13 classical risk factors (age, high-density lipoprotein, triglycerides, glycated hemoglobin, estimated glomerular filtration rate, albumin, sex, physical activity, hypertension, smoking status, education, alcohol intake, and intake lipid-lowering medication).

AUC_{extended}: AUC of the basic model plus all protein biomarkers selected in ≥ 90 % of the group least absolute shrinkage and selection operator bootstrap iterations (variables are listed in Supporting Information, Table S8).

ASMM, appendicular skeletal muscle mass; AUC, area under the curve; BFMI, body fat mass index; ROC, receiver operating characteristic.

Table S9: Cross-sectional analysis – Sensitivity analysis – Comparison of the top 10 most important variables of lasso, random forest, and support vector machine

Grey shading indicates that the variable was ranked in the top 10 in all three methods (lasso, random forest, and support vector machine); bold print indicates that the variable was ranked in the top 10 in two of the three methods.

All variables with the same selection frequency calculated from lasso with bootstrapping have the same rank; e.g. all variables with a selection frequency of 100% have rank 1. Therefore, more than one variable can be assigned to rank 1.

ASMM, appendicular skeletal muscle mass; BFMI, body fat mass index; eGFR, estimated glomerular filtration rate; lasso, least absolute shrinkage and selection operator.

Results of the longitudinal analysis

Table S10: Association analysis – Boosting with stability selection – Longitudinal analysis

The cut point for variable selection in the boosting with stability selection was a selection frequency of 63 %, which was determined by the algorithm based on the number of variables available for selection, the number of selected variables per iteration, and the maximum number of tolerable false positives.

Effect estimates have been calculated per 1 SD increase in normalized protein expression values on a log2 scale.

Model 1: Adjustment for all 13 covariates (age, high-density lipoprotein, triglycerides, glycated hemoglobin, estimated glomerular filtration rate, albumin, sex, physical activity, hypertension, smoking status, education, alcohol intake, and intake lipid-lowering medication) as well as all other in the boosting with stability selection selected variables of the corresponding outcome.

Bold print indicates significance.

ASMM, appendicular skeletal muscle mass; BFMI, body fat mass index; β, beta coefficient; CI, confidence interval; OR, odds ratio.

Figure S5: Association analysis – Boosting with stability selection – Comparison of protein biomarker selection between the outcomes – Longitudinal analysis

Protein biomarkers are primarily ordered according to the number of outcomes the biomarkers were selected for and secondary according to their selection for the outcomes in the table from left to right. Only protein biomarkers are included that were selected for at least one outcome. The cut point for variable selection was a selection frequency of 63 %, which was determined by the algorithm based on the number of variables available for selection, the number of selected variables per iteration, and the maximum number of tolerable false positives.

ASMM, appendicular skeletal muscle mass; BFMI, body fat mass index.

In the table, only variables are listed that were selected in ≥ 90 times out of 100 group least absolute shrinkage and selection operator bootstrap iterations.

ASMM, appendicular skeletal muscle mass; BFMI, body fat mass index; HDL, high-density lipoprotein.

Table S12: Prediction analysis – Cross-validated AUCs of logistic regression models with classical risk factors (mean AUC_{basic}) and protein biomarkers in addition to classical risk factors (mean AUC_{extended}) – Longitudinal analysis

AUCbasic: AUC of a logistic regression model including 13 classical risk factors (age, high-density lipoprotein, triglycerides, glycated hemoglobin, estimated glomerular filtration rate, albumin, sex, physical activity, hypertension, smoking status, education, alcohol intake, and intake lipid-lowering medication).

AUCextended: AUC of the basic model plus all protein biomarkers selected in ≥ 90 % of the group least absolute shrinkage and selection operator bootstrap iterations (variables are listed in Supporting Information, Table S11).

Delta AUC: AUC_{extended} - AUC_{basic}

AUCs and delta AUCs are arithmetic means of 10-fold cross-validation. The confidence intervals of AUCs and delta AUCs were calculated via 100-fold percentile bootstrapping.

ASMM, appendicular skeletal muscle mass; AUC, area under the curve; BFMI, body fat mass index; CI, confidence interval.

Table S13: Sensitivity Analysis – Comparison of the top 10 most important variables of lasso, random forest, and support vector machine – Longitudinal analysis

Grey shading indicates that the variable was ranked in the top 10 in all three methods (lasso, random forest, and support vector machine); bold print indicates that the variable was ranked in the top 10 in two of the three methods.

All variables with the same selection frequency calculated from lasso with bootstrapping have the same rank; e.g. all variables with a selection frequency of 100% have rank 1. Therefore, more than one variable can be assigned to rank 1.

ASMM, appendicular skeletal muscle mass; BFMI, body fat mass index; lasso, least absolute shrinkage and selection operator.

Figure S6: Sensitivity Analysis – Comparison of variables between the outcomes regarding the number of methods that ranked the variables in the top 10 – Longitudinal analysis Only variables are included that were ranked in the top 10 in at least two of the three analysis methods (group least absolute shrinkage and selection operator with 100x bootstrapping, random forest, and support vector machine) in at least one of the five outcomes. Variables are primarily ordered descending according to the total number (sum of all outcomes) of methods that ranked the variable in the top 10, and secondary according to the outcome in the table from left to right based on the number of methods that ranked the variable in the top 10 for the outcome.

ASMM, appendicular skeletal muscle mass; BFMI, body fat mass index.

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