

**Supplementary information for**

## **The importance of sex in colorectal cancer biomarker discovery**

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## **Material and methods**

### **RNA isolation and quantitative PCR**

Frozen CRC tissue and paired noncancerous adjacent tissue stored in RNAlater were homogenized with a tissue lyser (Qiagen, Chatsworth, CA). RNA was isolated with Qiazol and purified using AllPrep DNA/RNA/Protein Mini Kit (Qiagen, Chatsworth, CA) according to the standard protocol and on-column DNase treatment was used. Quantitative and qualitative analyses of the RNA were performed with NanoDrop 1000 spectrophotometer and Agilent 2200 TapeStation, respectively (Agilent Technologies, Palo Alto, CA). One  $\mu\text{g}$  RNA was reverse transcribed using iScript cDNA synthesis kit (Bio-Rad) and 10 ng of cDNA was used for the qPCR reaction in the CFX96 Touch System (Bio-Rad), with iTaq universal SYBR Green supermix (Bio-Rad) according to the manufacturer protocol. Samples were run in duplicates and the relative gene expression was calculated as the mean per group using the  $\Delta\Delta\text{Ct}$  method, normalized to the geometric mean of two reference genes (*ARHGDI1* and *ALAS1*). Paired t-test was used for comparison between paired normal and CRC specimens. A p-value  $<0.05$  was considered statistically significant (\*  $p<0.05$ , \*\*  $p<0.01$ ).

### **Gene expression analysis**

RNA-seq of clinical samples was performed at Sweden's National Genomics Infrastructure (NGI). Library preparation was done with Illumina RiboZero and sequenced with Illumina NovaSeq600. At least 20M 51bp paired-end reads were generated for each sample. Reads were mapped against the human genome (GRCh37) using STAR. FeatureCounts and StringTie were used to generate gene counts and FPKM values. Principal component analysis (PCA) on the gene expression (log-transformed) was used for data visualization. The R package DESeq2 (version 1.24.0) was used for differential expression analysis with raw counts as input and the Benjamini-Hochberg procedure was used to estimate FDR. Genes were considered as significantly differentially expressed if  $p_{\text{adjusted}}<0.05$  and  $|\log_2\text{FC}|>2$  and biomarkers if  $p_{\text{adjusted}}<0.05$  and  $|\log_2\text{FC}|>2$ . Gene enrichment analysis for the biological function was performed with DAVID bioinformatics website.

### **Feature selection methods**

The Vita algorithm [17] was the first to be implemented using the vita package (version 1.0.0) in R to reduce the size of the features (threshold for p values of 0), combined with either Boruta (version 7.0.0) [18] using the boruta package or the minimum redundancy – maximum relevance (mRMR) using the mRMR package (version 2.1.0) [19], with threshold for pvalues  $<0.01$ . FPKM values were used as input. Vita is a tree-based method that randomly splits the data into two subsets of equal size, and two RFs are trained on the two subsets. Feature importance is estimated based on the other independent subset and the final importance is calculated by an average of the two scores for each feature. P-values are calculated based on the empirical distribution. Boruta is a wrapper method based on the RF classification algorithm. It creates shadow features by replicating and random shuffling of the data. The shadow dataset is attached to the original data and a RF is trained on the dataset. If the importance score of the original data is higher than the importance score of the shadow features, then the feature is considered important. mRMR

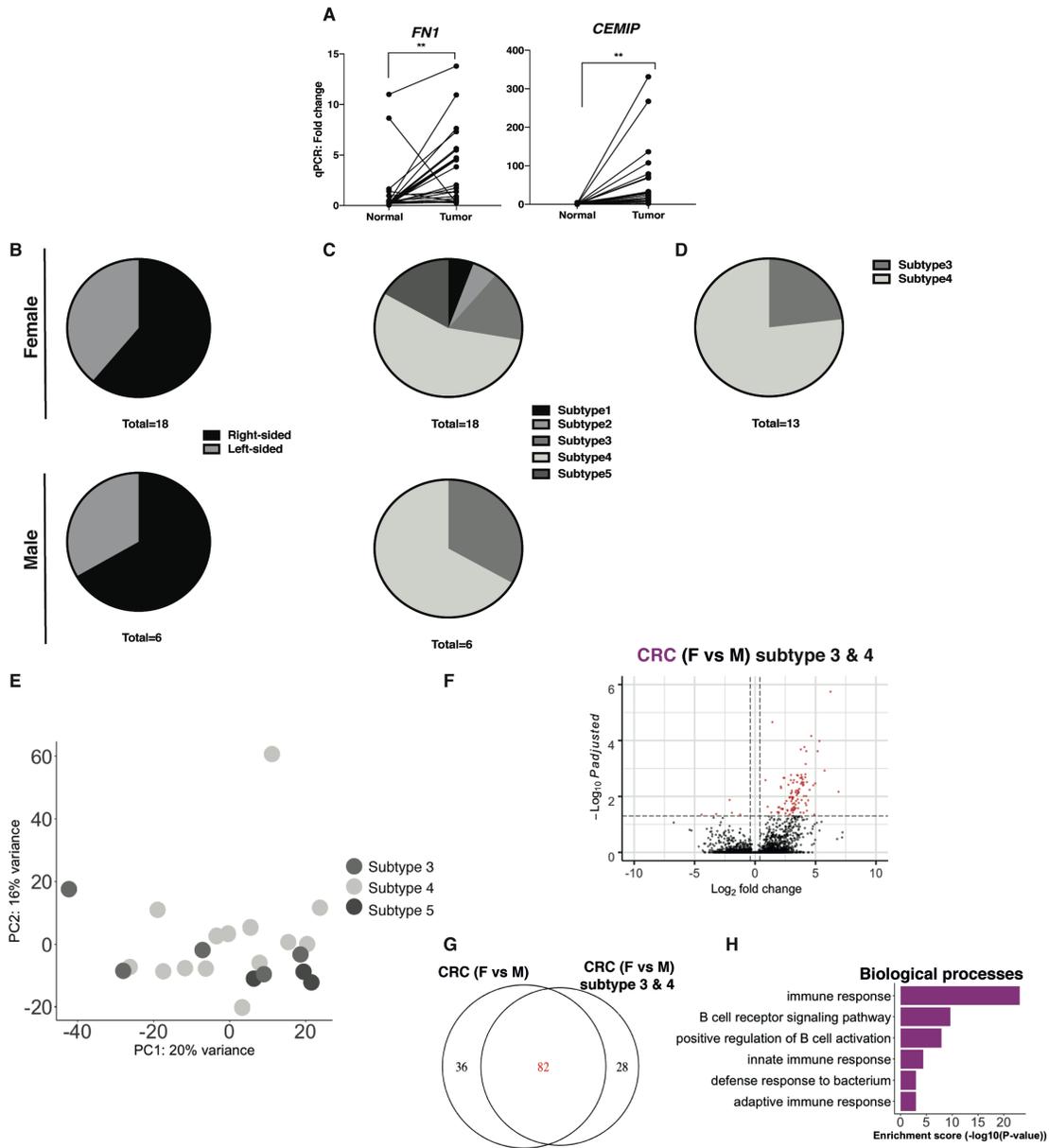
is a filter method, which selects features with high correlation with the output (i.e. relevance) and low correlation between themselves (i.e. redundancy). The features are selected one by one by maximizing the relevance and minimizing the redundancy.

### **Machine learning classification**

Machine learning was performed in python (version 3.6.4). RF or adaptive boosting (AdaBoost) was used for classification modeling, to keep consistency with tree-based feature selection algorithms. The biomarkers obtained from the feature selection were used as input for machine learning to rank the features according to their importance. Rlog counts were used as input for the machine learning. One-third of the data was used to train the model and the rest of the data was used to test the model. The number of estimators was set to 100. Synthetic minority oversampling technique (SMOTE) [20] or randomly oversampling was used on the imbalanced TCGA data before classification. SMOTE works by drawing lines between existing minority samples in space and creates new samples randomly along those lines. Randomly oversampling work by randomly duplicating minority samples. Four different combinations were used and the accuracy, precision, recall, and AUC were recorded for each combination.

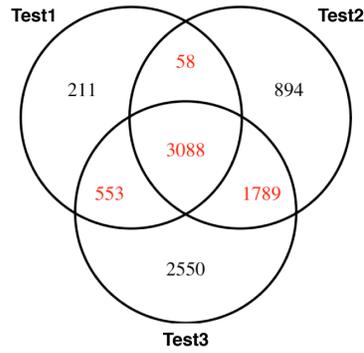
### **Survival analysis**

COADREAD data from TCGA was used for the survival analysis, including 275 female and 322 male patients. The FPKM values were scaled and mean-centered before used for survival analysis. Python (version 3.6.4) was used for the survival analysis with FPKM and living days used as input, high expression with scale and mean-centered FPKM values was set to above zero and low expression was set to below zero, and Kaplan-Meier curves plotted. The significance was tested with log-rank test.

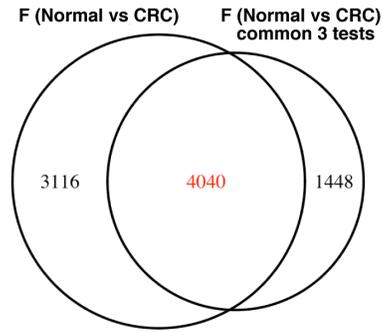


**Figure S1: Sex differences in the normal colon and CRC transcriptome independent of tumor location and molecular subtypes.** (A) qPCR confirmation of CRC upregulation of *FN1* and *CEMIP* in the Swedish paired normal and CRC cohort. (n=22, Student's paired t-test, \* p<0.05, \*\* p<0.01). (B) Distribution of left- and right-sided tumors and molecular subtypes (C) in our Swedish cohort. (D) The distribution of Subtype 3 and 4 in females when the rest of the subtypes were removed to match the male data. (E) PCA plot of Subtype 3-5 (Subtype 1-2 were only found in one patient). (F) Volcano plot of the DEG between the sexes in the tumor when only subtype 3-4 were included. (G) Venn diagram showing the overlap between the new and old analysis (including subtype 3-4 or including all subtypes). (H) Biological processes of the common genes in the new and old analysis.

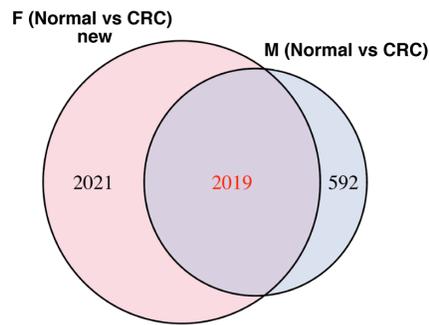
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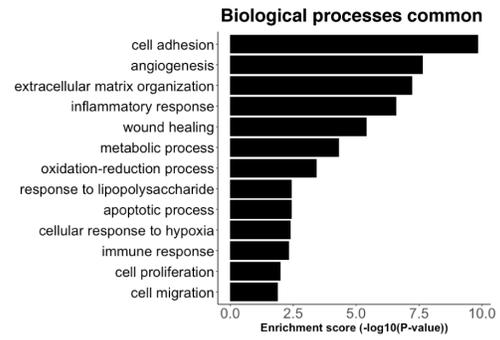
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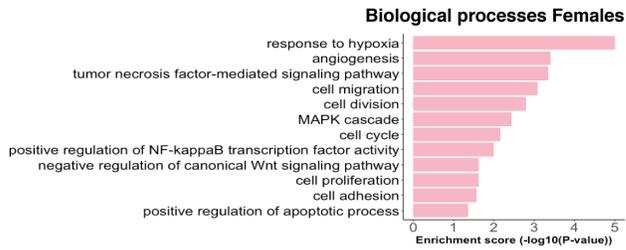
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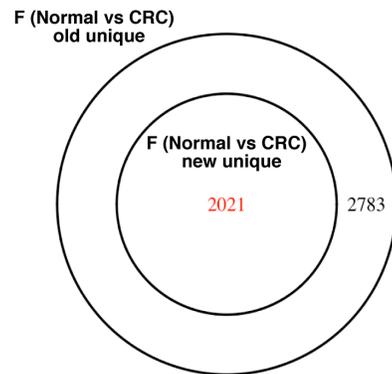
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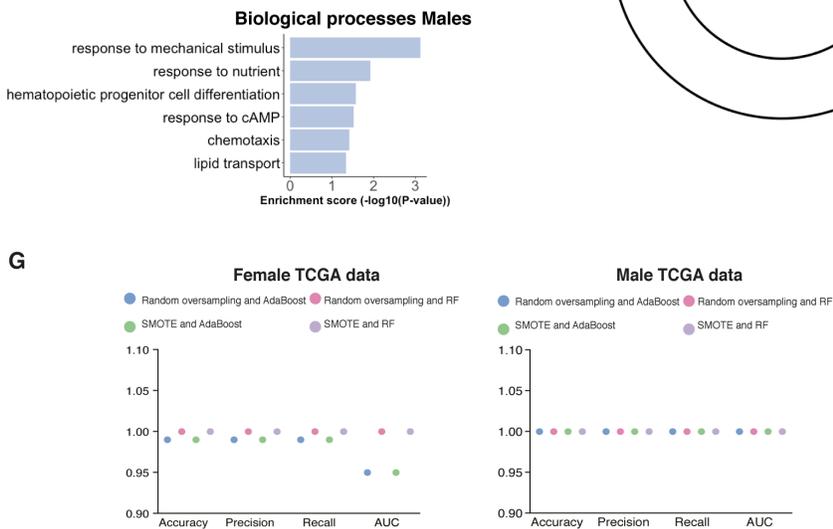
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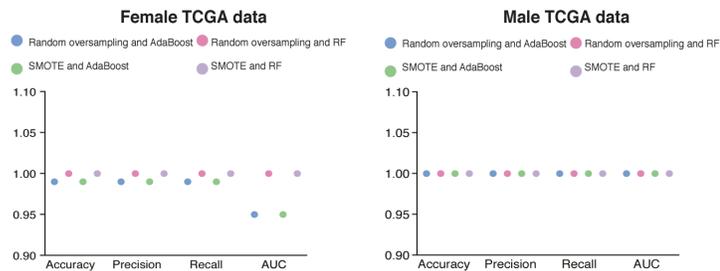
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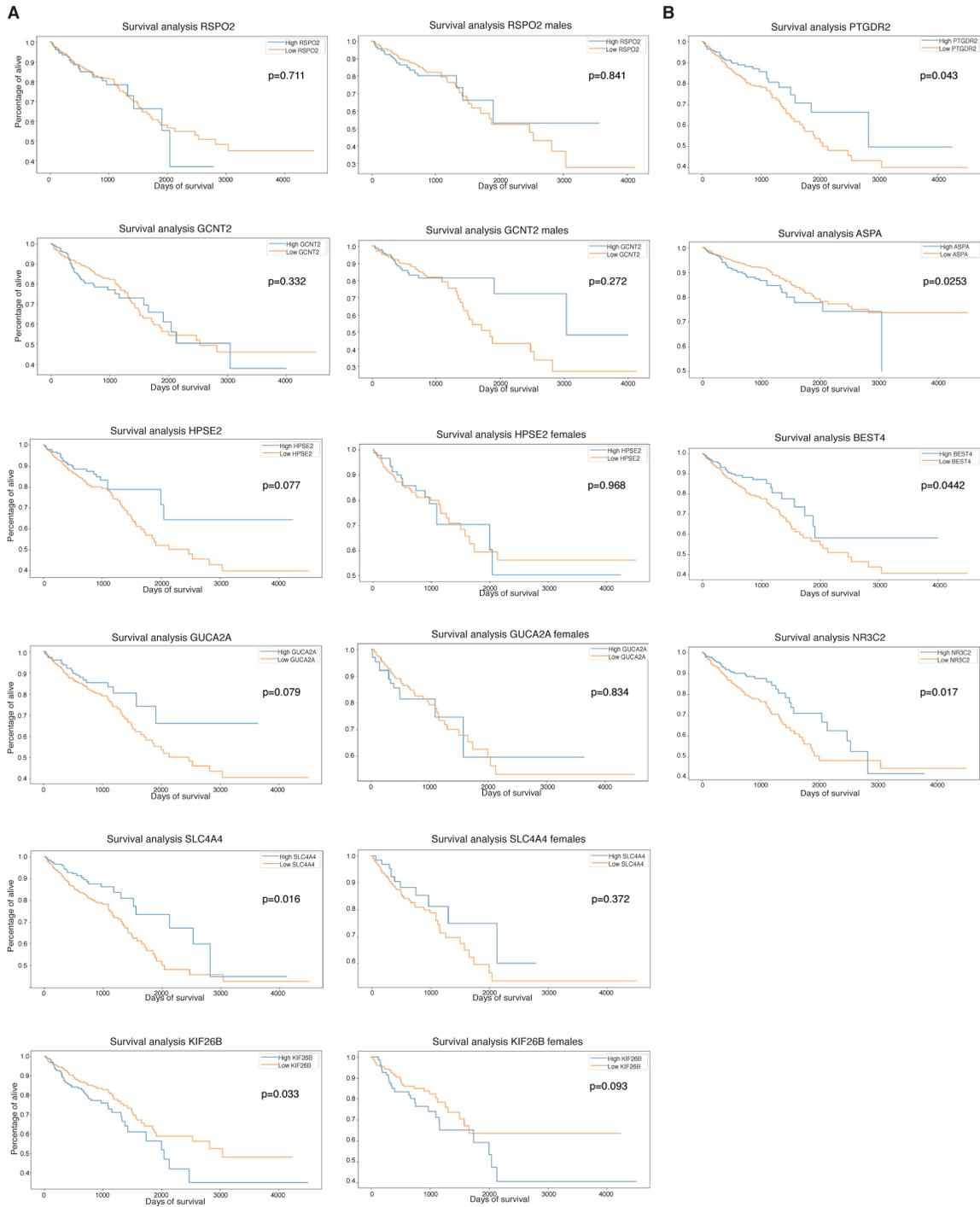
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**Figure S2: Sex-specific features in tumors compared to paired normal not due to the imbalanced data.** (A) Venn diagram showing the overlap of the differentially expression analysis from 6 random female samples from subtype3-4 in paired normal and CRC samples. (B) Venn diagram showing the overlap of the common DEG in at least two of the three random runs (in red, 6 female samples from subtype3-4) and the original DEG in female-paired normal and CRC samples (all 18 female samples). (C) Venn diagram showing the overlap between the common 4040 DEG between the new and old analysis with the DEG in male-paired normal and CRC samples. Biological processes of the common (D) and the sex-unique (E) DEG in paired normal and CRC samples. (F) Venn diagram showing the overlap between the female-unique DEG in the old (all 18 female samples) and new analysis (6 random female samples from subtype3-4). (G) Accuracy, prediction, recall and AUC for random oversampling and AdaBoost; random oversampling and RF; SMOTE and AdaBoost; and SMOTE and RF for female and male TCGA data respectively.



**Figure S3: Overall survival analysis of the biomarkers. (A)** Kaplan-Meier overall survival analysis based on sex and combined sexes from TCGA data for the prognostic biomarkers. This figure present the non-significant sex whereas the significant sex can be found in Fig. 6. **(B)** Overall survival analysis based on combined sex TCGA data. These genes did not show a significant sex-specific overall survival, but presented a significant prognostic value when both sexes were combined.

**Table S1: Distribution of molecular subtypes.** Percentage of CRC molecular subtype 1-5 in our clinical data correlates well to what has previously been published.

<b>CRC subtype</b>	<b>MMR</b>	<b>CIMP</b>	<b>BRAF</b>	<b>KRAS</b>	<b>Our clinical data [%]</b>	<b>Phipps AI et al. [%]</b>
Subtype 1	MSI	+	+	-	4	7
Subtype 2	MSS	+	+	-	4	4
Subtype 3	MSS	-	-	+	21	26
Subtype 4	MSS	-	-	-	58	47
Subtype 5	MSI	-	-	-	13	4

**Table 2: Upregulated biomarkers selected with Boruta.** Not belonging to the top 20 most important features ranked using ML with RF.

Rank	Female TCGA	Male TCGA	Swedish mixed
21	ZSWIM4	CPNE7	FOXQ1
22	CST1	NKRF	CTHRC1
23	CBX2	TOMM34	SLC39A10
24	CD3EAP	CBX8	ANOS1
25	SNHG15	SLC39A10	RIPK2
26	ESM1	MMP11	GPR180
27	STRA6	EGFL6	FUT1
28	CBX8	MMP7	SALL4
29	CASC19	COL11A1	RAB36
30	ETV4	CDC25B	TMEM158
31	SALL4	VWA2	GRINA
32	ENC1	WNT2	ETV4
33	COL11A1	GTF2IRD1	DUSP14
34	SLC39A10	CBX4	PLAU
35	INHBA	SEC14L2	ARNTL2
36	PLEKHN1	LRP8	ADAMTS6
37	KLHL35	SMOX	NFE2L3
38	MDFI	PPMIH	FAM89A
39	KLK6	STRA6	PACC1
40	STRIP2	CEP72	MIR4435-2HG
41	DUSP14	NFE2L3	FXYD5
42	CPNE7	CCND1	ANGPT2
43	CEP72	CELSR3	CDH11
44	ARNTL2	ARNTL2	GTF3A
45	S100A2	GRIN2D	PLS3
46	CRNDE	MDFI	JADE3
47	SLC6A6	TMEM206	TIMP1
48	LRP8	CEMIP	PHLDA1
49	MMP11	SALL4	HECW2
50	TEAD4	ATP11A	GRHL1
51	SLC7A5	OSBPL3	AJUBA
52	TRIB3	TRIP13	PODXL
53	CDC25B	SLCO4A1	CRNDE
54	SLCO4A1	TRIB3	TGFBI
55	IQANK1	HILPDA	SNAIL
56	ATP11A	VEGFA	
57	TRIP13	FUT1	
58	LINC00659	MAFG-AS1	
59	AL109615.3	CASC19	
60	PVT1	PVT1	
61	NFE2L3	SNHG15	
62	MAFG-AS1	IQANK1	
63	GTF2IRD1	TEAD4	
64	TNFRSF12A	S100A2	
65	GRIN2D	PLEKHN1	
66	NOTUM	C6orf223	
67	PPMIH	FJX1	
68	ACAN	ZFAS1	
69	EPOP	UBE2C	
70	PHLDA1	SPTBN2	
71	SIM2	MTHFD1L	
72	MMP7	MIR4435-2HG	
73	HILPDA	ENC1	
74	APLN	MSX1	
75	EPHX4	KLHL35	
76	SPTBN2	ZC3HAV1L	
77	AJUBA	EPOP	
78	FUT1	SLC6A6	
79	FOSL1	PRR7	
80	B3GNTL1	ULBP2	
81	KIAA1549	AJUBA	
82	MTHFD1L	CSE1L	
83	FJX1	INHBA	
84	MAPK15	PRSS22	
85	C6orf223		
86	PRSS22		