







of the transcript. This is due to a common observation that the methylation signal in the promoter region is negatively correlated to mRNA expression of transcripts<sup>11</sup>. In total, five definitions for **promoter regions** were tested for robustness in five TCGA samples:

1. The Bioconductor probe annotation.
2. Modified annotation based on Bioconductor probe-to-transcript mapping.
3. 1.5 kbp upstream and 0.5 kbp downstream of the transcription start site (TSS), based on Refseq transcripts annotation.
4. 1 kbp upstream and 1 kbp downstream of the TSS, based on Refseq transcripts annotation.
5. A modified annotation based on Refseq transcripts annotation (1 kbp upstream of the TSS and the minimum of 1 kbp, 5' -UTR, or the first exon after the TSS).

The  $\beta$ -value distributions for all transcripts at promoter and non-promoter regions of five TCGA samples, based on the fifth definition for promoters, are plotted in Figure 3. The fifth definition yielded strong negative correlation with expression data and was adopted as the definition for promoter regions. Since methylation signals at nearby CpG sites are consistent<sup>12,13</sup>, a clear methylation signal is expected to show a peak of  $\beta$  values across multiple probes. Smaller peaks of differentially methylated regions are filtered out if they have less than three probes that show a  $\beta$  value difference of least 0.2 between the sample and the reference. For promoter regions with no observable peaks, the methylation signal is calculated as the median  $\beta$  value across all probes in the region.

### Selecting the Reference

Since differential methylation for a patient is calculated against a reference, it is essential to identify and use a reference that generates the most meaningful results. Ideally, the reference sample used belongs to the patient in question and is provided by the same laboratory submitting the patient sample. When a set of normal samples is provided, the average of probe signals for a region across all samples is used as a reference normal. In cases where a reference sample is not provided, the closest matching reference from curated NextBio studies is used. In such cases, the methylation pipeline requires at least 95% correlation between the percent methylation differential across all islands. Similarly, when no matched reference is present in the curated datasets, the methylation pipeline uses comparable tissue datasets to create a generic reference and requires a correlation of at least 87%.

### CpG Island Differential

Once a reference dataset is identified, the percent differential for all CpG islands between the patient and reference group is calculated. The methylation signal between island groups is tested for significance using a two-sample t test. This test assumes that the patient data and reference sample have equal variance and the underlying  $\beta$  values follow a  $\beta$  distribution. This approach ensures that the differentials are bounded.

ILLUMINA • 1.800.809.4566 toll-free (U.S.) • +1.858.202.4566 tel • techsupport@illumina.com • www.illumina.com

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### Conclusions

A number of human diseases are associated with aberrant DNA methylation. In particular, hypermethylation of CpG islands located within promoter regions of tumor-suppressor genes has been established as a common mechanism for gene regulation in cancer. Therefore, high-throughput profiling of the DNA methylation status of CpG islands is crucial for advancing the understanding of this epigenetic marker.

Illumina has developed a robust pipeline to process DNA methylation studies in a patient-centric context. The workflow leverages the unprecedented amount of curated NextBio data to create customizable reference groups that facilitate high-quality analysis.

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