Differential methylation between ethnic sub-groups reflects the effect of genetic ancestry and environmental exposures

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One Sentence Summary

In order to better understand the role of ethnic self-identification and genetically determined ancestry in biomedical outcomes, we explore their relative contributions to variation in methylation, a fundamental biological process.

Abstract

In clinical practice and biomedical research populations are often divided categorically into distinct racial/ethnic groups. In reality, these categories, which are based on social rather than biological constructs, comprise diverse groups with highly heterogeneous histories, cultures, traditions, religions, social and environmental exposures and ancestral backgrounds. Their use is thus widely debated and genetic ancestry has been suggested as a complement or alternative to this categorization. However, few studies have examined the relative contributions of racial/ethnic identity, genetic ancestry, and environmental exposures on well-established and fundamental biological processes. We examined the associations between ethnicity, ancestry, and environmental exposures and DNA methylation. We typed over 450,000 CpG sites in primary whole blood of 573 individuals of diverse Hispanic descent who also had high-density genotype data. We found that both self-identified ethnicity and genetically determined ancestry were significantly associated with methylation levels at a large number of CpG sites (916 and 194, respectively). Among loci differentially methylated between ethnic groups, a median of 75.7% (IQR 45.8% to 92%) of the variance in methylation associated with ethnicity could be accounted for by shared genomic ancestry accounts. We also found significant enrichment ($p = 4.2 \times 10^{-64}$) of ethnicity-associated sites amongst loci previously associated with environmental and social exposures, particularly maternal smoking during pregnancy. Our study suggests that although differential methylation between ethnic groups can be partially explained by the shared genetic ancestry, a significant effect of ethnicity is likely due to environmental, social, or cultural factors, which differ between ethnic groups.

Introduction

Race, ethnicity, and genetic ancestry have had a complex and often controversial history within biomedical research and clinical practice[1-3]. For example, race- and ethnicity-specific clinical reference standards are based on population-based sampling on a given physical trait

such as pulmonary function[4,5]. However, because race and ethnicity are social constructs

and poor markers for genetic diversity, they fail to capture the heterogeneity present within

racial/ethnic groups and in admixed populations[6]. To account for these heterogeneities and

to avoid social and political controversies, the genetics community has grouped individuals by

genetic ancestry instead of race and ethnicity[3]. Indeed, recent work from our group and

others have demonstrated that genetic ancestry improves diagnostic precision compared to

racial/ethnic categorizations for specific medical conditions and clinical decisions[7-9].

However, racial and ethnic categories also reflect the shared experiences and exposures to

known risk factors for disease, such as air pollution and tobacco smoke, poverty, and

inadequate access to medical services, which have all contributed to worse disease outcomes in

certain populations[10,11]. Thus, it is unclear whether defining groups through genetic

ancestry can capture these shared exposures. In this work we seek to explore the relative

contributions of genetically defined ancestry and social, cultural and environmental factors to

understanding differential methylation between ethnic groups.

Epigenetic modification of the genome through methylation plays a key role in the regulation

of diverse cellular processes[12]. Changes in DNA methylation patterns have been associated

with complex diseases, including various cancers[13], cardiovascular disease[14,15],

obesity[16], diabetes[17], autoimmune and inflammatory diseases[18], and neurodegenerative

diseases[19]. Epigenetic changes are thought to reflect influences of both genetic[20] and

environmental factors[21], and have been shown to vary between racial groups[22]. The

discovery of methylation quantitative trait loci (meQTL's) across populations by Bell et al.

established the influence of genetic factors on methylation levels in a variety of tissue

types[20], with meQTL's explaining between 22% and 63% of the variance in methylation

levels. Multiple environmental factors have also been shown to affect methylation levels,

including endocrine disruptors, tobacco smoke[23,24], polycyclic aromatic hydrocarbons,

infectious pathogens, particulate matter, diesel exhaust particles[25], allergens, heavy metals,

and other indoor and outdoor pollutants[26]. Psychosocial factors, including measures of

traumatic experiences[27-29], socioeconomic status[30,31], and general perceived stress[32],

also affect methylation levels. Since both genetic and environmental exposures affect

methylation, this represents an ideal phenotype to explore the relative contributions of these

two factors on differential methylation between ethnic groups.

In this work, we leveraged genome-wide methylation data in 573 Latino children of diverse

Latino sub-ethnicities enrolled in the Genes-Environment and Admixture in Latino Americans

(GALA II) study[33] whose genetic ancestry had been determined from dense genotyping

arrays. This allowed us to explore the extent to which the differences in methylation between

Latino sub-groups could be explained by their shared genetic ancestry. We found that many of

the methylation differences associated with ethnicity could be explained by shared genetic

ancestry. However, even after adjusting for ancestry, significant differences in methylation

remained between the groups remained at multiple loci, reflecting social and environmental

influences upon methylation.

Our findings have important implications for both the use of ancestry to capture biological

changes and of race/ethnicity to account for social and environmental exposures. Epigenome-

wide association studies in diverse populations may be susceptible to confounding due to

environmental exposures in addition to confounding due to population stratification[34]. The

findings also have implications for the common practice of considering individuals of Latino

descent, regardless of origin as a single ethnic group.

Results

The study included 573 participants, the majority of whom self-identified as being either of

Puerto Rican (n = 220) or Mexican origin (n = 276). Table 1 displays baseline characteristics of

the GALA II study participants with methylation data included in this study, stratified by

ethnic subgroups (Puerto Rican, Mexican, Other Latino, and Mixed Latinos who had

grandparents of more than one national origin). Figure S1 shows the distribution of African,

European, and Native American ancestry among the 524 participants with genomic ancestry

estimates.

Global patterns of methylation

Differences in ethnicity and ancestry resulted in discernible patterns in the global methylation

profile as demonstrated in a multidimensional scaling analysis [Figure S2A]. As

expected[30,35], the first few principal coordinates are strongly correlated to imputed cell

composition [Figure S2B-C]. There are also significant associations of self-identified sub-

ethnicity with PC2 (p-ANOVA = 0.003), PC3 (p-ANOVA = 0.004), PC6 (p-ANOVA = 0.0001), PC7 (p-

ANOVA = 0.0003) [Figure S3A], and PC8 (p-ANOVA = 0.0003), after adjusting for age, sex, disease

status, cell components, and technical factors (plate and position). Genetic ancestry was

associated with PC3 (p-ANOVA = 0.002), PC7 (p-ANOVA = 0.0004) [Figure S3B] and PC8 (p-

ANOVA = 0.001) in a two degree of freedom ANOVA test, adjusting for age, sex, disease status,

cell components, technical factors, and ethnicity. Table S1 summarizes the results of the

simple correlation analysis of methylation with ethnicity and ancestry, as well as the adjusted

nested ANOVA models described above and the mediation results described below.

A mediation analysis[36] revealed that the associations between ethnicity and PCs 3, 7, and 8

were significantly mediated by Native American ancestry (mediation p = 0.01, <0.001, and

<0.001, respectively) and inclusion of Native American ancestry in the regression model of PCs

3, 7, and 8 caused the ethnicity associations to be non-significant. However, the associations of

ethnicity with PCs 2 and 6 were not explained by Native American, African or European

ancestry (mediation p > 0.05), suggesting that the ethnic differences in these principal

components are associated with global methylation patterns not captured by the shared

genetic ancestry of each ethnic group. When genetic ancestry was regressed on the

methylation data with the principal coordinates recalculated using the residuals of the

regression between methylation and ancestry, there was an association between ethnicity and

PC6 (p-ANOVA = 0.003). However, there was no association with any of the other principal

coordinates. These observations suggest that while shared genetic ancestry can explain some

of the association between ethnicity and global methylation patterns, other non-genetic

factors, such as environmental and social exposure differences associated with ethnicity

influence methylation and are not captured by measures of genetic ancestry.

Epigenome-wide association of self-identified ethnicity

An epigenome-wide association study of self-identified ethnicity (see methods for details of

ascertainment of ethnicity) and methylation identified a significant difference in methylation

M-values between ethnic groups at 916 CpG sites at a Bonferroni-corrected significance level of

less than 1.6×10^{-7} [Figure 1A and Table S2]. The most significant association with ethnicity

occurred at cg12321355 in the ABO blood group gene (*ABO*) on chromosome 3 (p-ANOVA $6.7 \times 10^{-}$

^{22}) [Figure 1B]. A two degree of freedom ANOVA test for genomic ancestry was also

significantly associated with methylation level at this site (p = 2.3×10^{-5}) [Figure 1C], and when

the analysis was stratified by ethnic sub-group, showed an association in both Puerto Ricans

and Mexicans (p = 0.001 for Puerto Ricans, p = 0.003 for Mexicans). Although adjusting for

genomic ancestry attenuated the effect of ethnicity, a significant association between ethnicity

and methylation remained (p = 0.04). Recruitment site, an environmental exposure proxy, was

not significantly associated with methylation at this locus (p = 0.5), suggesting that

environmental differences associated with ethnicity beyond geography and ancestry are

driving the association.

In order to determine the relative contribution of shared genetic ancestry and other factors

associated with ethnicity, we repeated the analysis adjusting for ancestry. A significant

association remained in 314 of the 834 (37.8%, p = 1.7 × 10^{-183} for enrichment) CpG sites

associated with ethnicity [Figure S4A and Table S2] (82 sites were excluded because they

demonstrated unstable coefficient estimates and inflated standard errors due to strong

correlations between ethnicity and ancestry, especially Native American ancestry [see Figure

S1]). Genomic ancestry explained a median of 4.2% (IQR 1.8% to 8.3%) of the variance in

methylation at these loci and accounts for a median of 75.7% (IQR 45.8% to 92%) of the total

variance in methylation explained jointly by ethnicity and ancestry [Figure S4B]. Sensitivity

tests for departures from linearity, fine scale population substructure and the exclusion of the

16 participants who self-identified as "Mixed Latino" sub-ethnicity, did not meaningfully affect

our results [See Supplementary Text and Tables S2 – S6]. To rule out any residual confounding

due to recruitment sites, we conducted an additional analysis on the effect of recruitment site

on methylation both for the overall study and for the Mexican participants (the largest study

population in this analysis). We observed no significant independent effect of recruitment site

suggesting that confounding due to recruitment region was limited, at least within the United

States.

To explore the effect of departures from a linear association between ancestry and

methylation, we incorporated both higher order polynomials and cubic splines of ancestry into

our models. We observed a significant departure from linearity (p < 0.05) in only 26 (for

splines) and 25 (for polynomials) of the 314 CpG's where an association between ethnicity and

methylation remained after adjusting for ancestry; however, the association between ethnicity

and methylation remained even after adjusting for non-linearity at all sites [Tables S3 and S4].

Environmental differences between geographic locations or recruitment sites are a potential

non-genetic explanation for ethnic differences in methylation. We investigated the

independent effect of recruitment site on methylation by analyzing the associations between

recruitment site and individual methylation loci after adjusting for ethnicity. We did not find

any loci significantly associated with recruitment site at a significance threshold of 1.6×10^{-7}.

We then performed an analysis to assess the effect of recruitment sites on methylation

stratified by ethnicity. We did not find any loci significantly associated with recruitment site

and methylation among Mexican participants. We were underpowered to perform a similar

analysis for Puerto Ricans because there were only 27 Puerto Rican participants recruited

outside of Puerto Rico. To ensure that the absence of association in Mexicans was not due to

the loss of power from the smaller sample size, we repeated our analysis of the association

between ethnicity and ancestry randomly down-sampling to 276 participants to match the

sample size in the analysis of geography in Mexicans. While down-sampling the study to this

degree resulted in a loss of power, 128 methylation sites were still associated with ancestry. We

conclude that recruitment site was unlikely to be a significant confounder of our associations

between ethnicity and methylation and was not a significant independent predictor of

methylation.

While most population substructure in Latinos would be expected to arise from differences in

continental ancestry[37,38], there is evidence of finer scale (sub-continental) ancestry in

Latino populations[39]. We tested for the effect of fine scale substructure by calculating

principal components for all participants with genotyping data using Eigensoft[40]. We found

significant associations between principal components 3-10 (PC's 1 and 2 were almost perfectly

collinear with ancestry, with an adjusted $R^2 > 0.998$ for all three ancestry proportions, and were

therefore excluded) and ethnicity. We therefore added these 8 PC's to models of ethnicity and

methylation, and found an association between these genetic PC's and methylation in 63/314

CpG's that had remained associated with ethnicity after adjusting for ancestry. Adjusting for

higher order substructure in these CpG's explained the association between ethnicity and

methylation in 51 additional loci. This left 263 loci associated with ethnicity after adjustment

for ancestry where there was either no association between PC's 3-10 and methylation or the

inclusion of these PC's did not affect the association between ethnicity and methylation.[Table

S5]

As only 16 participants self-identified as "Mixed Latino", we performed a sensitivity analysis to

test the effect of excluding these participants from the analysis and only examining Puerto

Ricans, Mexicans, and "Other Latinos". We found that excluding self-identified "Mixed Latino"

participants from the analysis did not significantly alter the results in most cases [Table S6]. Of

the 916 CpG's associated with ethnicity at a genome-wide scale (p < 1.6 × 10-7) in models

including individuals self-identified as "Mixed Ethnicity", 894 (97.5%) were still significant at a

genome-wide scale when "Mixed Latinos" were excluded. All but two of the CpG's that did not

meet genome-wide significance were significant when correcting for 916 tests (p < 5×10-5). In

addition, an additional 290 CpG loci that did not meet genome-wide significance in the original

analysis were significant at a genome-wide scale when self-identified "Mixed Latinos" were

excluded. While these loci did not meet genome-wide significance in the original analysis that

included Mixed Latinos, they all had p-values lower than 2×10^{-6}. Thus we conclude that a

sensitivity test excluding individuals of mixed Latino ethnicity did not significantly alter the

conclusions.

We conclude that shared genetic ancestry explains much but not all of the association between

ethnicity and methylation. Other, non-genetic factors associated with ethnicity likely explain

the ethnicity-associated methylation changes that cannot be accounted for by genomic

ancestry alone.

Ethnic differences in environmentally-associated methylation sites

Methylation at CpG loci that had previously been reported to be associated with

environmental exposures whose exposure prevalence differs between ethnic groups were

tested for association with ethnicity in this study. A recent meta-analysis of maternal smoking

during pregnancy, an exposure that varies significantly by ethnicity[33], identified

associations with methylation at over 6,000 CpG loci[24]. We found 1341 of 4404 that passed

QC in our own study (30.4%) were nominally associated with ethnicity (p < .05), which

represented a highly significant ($p < 2 \times 10^{-16}$) enrichment. Using a Bonferroni correction for the

4404 loci tested, 126 maternal-smoking related loci were associated with ethnicity ($p < 1.1 \times 10^{-}$

[5]), and 27 loci were among the 916 CpG's reported above as associated with ethnicity [Table S7].

We also examined methylation loci from an earlier study of maternal smoking in Norwegian

newborns[23] as well as studies of diesel exhaust particles[25] and exposure to violence[27].

These results are supportive of our hypothesis that environmental exposures may be

responsible for the observed differences in methylation between ethnic groups and are

presented in Table S8.

In an earlier study of maternal smoking in Norwegian newborns[23] that identified 26 loci

associated with maternal smoking during pregnancy, 19 passed quality control (QC) in our own

analysis, and the association between methylation and ethnicity was found to be nominally

significant ($p < 0.05$)at 6 (31.6%) CpG loci. Adjusting for 19 tests ($p < .0026$), cg23067299 in the

aryl hydrocarbon receptor repressor (*AHRR*) gene on chromosome 5 remained statistically

significant [Table S8]. These results suggest that ethnic differences in methylation at loci

known to be responsive to tobacco smoke exposure *in utero* may be explained in part by

ethnic-specific differences in the prevalence of maternal smoking during pregnancy.

We also found that CpG loci previously reported to be associated with diesel-exhaust particle

(DEP) exposure[25] were significantly enriched among the set of loci whose methylation levels

varied between ethnic groups. Specifically, of the 101 CpG sites that were significantly

associated with exposure to DEP and passed QC in our dataset, 31 were nominally associated

with ethnicity ($p < 0.05$), and 5 were associated with ethnicity after adjusting for 101

comparisons ($p < 0.005$) . Finally, we found that methylation levels at cg11218385 in the

pituitary adenylate cyclase-activating polypeptide type I receptor gene (*ADCYAP1R1*), which

had been associated with exposure to violence in Puerto Ricans[27] and with heavy trauma

exposure in adults[28], was significantly associated with ethnicity ($p = 0.02$).

We also found 194 loci with a significant association between global genetic ancestry and

methylation levels (after adjusting for ethnicity) at a Bonferroni corrected association p-value

of less than 1.6×10^{-7} [Figure S5 and Table S9], including 48 that were associated with ethnicity

in our earlier analysis. Of these significant associations, 55 were driven primarily by

differences in African ancestry, 94 by differences in Native American ancestry, and 45 by

differences in European ancestry. The most significant association between methylation and

ancestry occurred at cg04922029 in the Duffy antigen receptor chemokine gene (DARC) on

chromosome 1 (ANOVA p-value 3.1×10^{-24}) [Figure S5B]. This finding was driven by a strong

association between methylation level and global African ancestry; each 25 percentage point

increase in African ancestry was associated with an increase in M-value of 0.98, which

corresponds to an almost doubling in the ratio of methylated to unmethylated DNA at the site

(95% CI 0.72 to 1.06 per 25% increase in African ancestry, $p = 1.1\times10^{-21}$). There was no significant

heterogeneity in the association between genetic ancestry and methylation between Puerto

Ricans and Mexicans (p-het = 0.5). Mexicans have a mean unadjusted methylation M-value 0.48

units lower than Puerto Ricans (95% CI 0.35 to 0.62 units, $p = 1.1\times10^{-11}$). However, adjusting for

African ancestry accounts for the differences in methylation level between the two sub-groups

(p-adjusted = 0.4), demonstrating that ethnic differences in methylation at this site are due to

differences in African ancestry.

The distribution of methylation M-values at cg04922029 is tri-modal, raising the possibility

that a SNP whose allele frequency differs between African and non-African populations may be

driving the association. We therefore looked at the association between methylation at

cg0422029 and ancestry at that locus. We found almost almost perfect correlation between

methylation and African ancestry at the locus ($p = 6\times10^{-162}$) [Figure 2A]. Each African haplotype

at the CpG site was associated with an increase in methylation M-value of 2.7, corresponding to

a 6.5-fold increase in the ratio of methylated to unmethylated DNA per African haplotype at

that locus. We then looked for SNPs within 10,000 base pairs of the CpG site that explained the

admixture mapping association. We found that methylation at cg04922029 was significantly

correlated with SNP rs2814778 [Figure 2B], the Duffy null mutation, 212 base pairs away; each

copy of the C allele was associated with an increase in M-value of 1.5, or a 2.9-fold increase in

the ratio of methylated to unmethylated DNA ($p = 3.8\times10^{-90}$) [Figure 2C].

When we examined the effect of local ancestry at the other 194 CpG's we find that a substantial

proportion of the effect of global ancestry on local methylation levels is due to local ancestry

acting in -cis. Among the 194 CpG sites associated with global ancestry, local ancestry at the

CpG site explained a median of 10.4% (IQR 3.0% to 19.4%) of the variance in methylation,

accounting for a median of 52.8% (IQR 20.3% to 84.9%) of the total variance explained jointly by

local and global ancestry [Figure S6].

Discussion

In a diverse population of Latinos, we have shown that a substantial number of loci are

differentially methylated between ethnic sub-groups. While genomic ancestry can explain a

portion of the association between ethnicity and methylation, factors other than shared

ancestry that correlate with ethnicity, such as social, economic, cultural and environmental

exposures account for the association between ethnicity and methylation at 34% (314/916) of

loci.

We conclude that systematic environmental differences between ethnic subgroups likely play

an important role in shaping the methylome for both individuals and populations. Loci

previously associated with diverse environmental exposures such as *in utero* exposure to

tobacco smoke[23,24], as well as diesel exhaust particles[25] and psychosocial stress[27] were

enriched in our set of loci where methylation was associated with ethnicity. Twenty-seven of

the loci associated with maternal smoking during pregnancy in a large consortium meta-

analysis[24] were differentially methylated between Latino sub-groups at a genome-wide

significance threshold of 1.6×10^{-7}. Thus, inclusion of relevant social and environmental

exposures in studies of methylation may help elucidate racial/ethnic disparities in disease

prevalence, health outcomes and therapeutic response. However, in many cases, a detailed

environmental exposure history is unknown, unmeasurable or poorly quantifiable, and

race/ethnicity may be a useful, albeit imperfect proxy.

Our comprehensive analysis of high-density methyl- and genotyping from genomic DNA

allowed us to investigate the genetic control of methylation in great detail and without the

potential destabilizing effects of EBV transformation and culture in cell lines[41]. The

strongest patterns of methylation are associated with cell composition in whole blood[30].

However, the specific type of Latino ethnic-subgroups (Puerto Rican, Mexican, other, or

mixed) is also associated with principal coordinates of genome-wide methylation.

Our approach has some potential limitations. It is possible that fine-scale population structure

(sub-continental ancestry) within European, African, and Native American populations may

contribute to ethnic differences in methylation, as we had previously reported in the case of

lung function[39]. However, despite the presence of additional substructure among the GALA II

participants, PC's 3-10 explained the association between ethnicity and ancestry at only 51

loci. PCs from chip-based genotypes will not capture all forms of genetic variation. Clusters of

ethnicity specific rare variants of large effect or strong ethnicity-specific selective sweeps in

the last 8-12 generations[37] could also give rise to methylation differences, but these are

inconsistent with existing rare variant and selection analyses[42,43]. Our models of genetic

ancestry assumed a linear effect of ancestry on methylation, whereas a nonlinear association

or other model misspecification could have led to incomplete adjustment for genetic ancestry,

and thus, led to a residual association between ethnicity and methylation. However, when we

added second and third order polynomials or cubic splines to our models, we found evidence

for a nonlinear association between ancestry and methylation at only 25 and 26 loci,

respectively, and it did not affect the association between ethnicity and methylation. Although

it is impossible to account for all types of non-linearity and non-additivity (such as gene by

gene or gene by environment interaction), our analysis suggests that non-linear effects are

unlikely to be significant. Since our study was geographically diverse, recruiting participants

at five recruitment sites in the United States and Puerto Rico, it is possible that systematic

differences associated with site of recruitment might have influenced observed methylation

differences between ethnic groups. However, when we included recruitment site as a

covariate, we found no significant effect on methylation independent of ethnicity.

The presence of a strong association between genetic ancestry and methylation raises the

possibility that epigenetic studies can be confounded by population stratification, similar to

genetic association studies, and that adjustment for either genetic ancestry or selected

principal components is warranted. This possibility was first demonstrated in a previous

analysis of the association between self-described race and methylation[22]. However, the

study only evaluated two distinct racial groups (African Americans and Whites), while the

present study demonstrates the possibility of population stratification in an admixed and

heterogeneous population with participants from diverse Latino national origins. The

tendency to consider Latinos as a homogenous or monolithic ethnic group makes any analysis

of this population particularly challenging. Our finding of loci whose methylation patterns

differed between Latino ethnic subgroups, even after adjusting for genetic ancestry, suggests

that any analysis of these populations in disease-association studies without adjusting for

ethnic heterogeneity is likely to result in spurious associations even after controlling for

genomic ancestry.

In summary, this study provides a framework for understanding how genetic, social and

environmental factors can contribute to systematic differences in methylation patterns

between ethnic subgroups, even between presumably closely related populations such as

Puerto Ricans and Mexicans. Methylation QTL's whose allele frequency varies by ancestry lead

to an association between local ancestry and methylation level. This, in turn, leads to

systematic variation in methylation patterns by ancestry, which then contributes to ethnic

differences in genome-wide patterns of methylation. However, although genetic ancestry has

been used to adjust for confounding in genetic studies, and can account for much of the ethnic

differences in methylation in this study, ethnic identity is associated with methylation beyond

the effects of shared genetic ancestry. This is likely due to social and environmental effects

captured by ethnicity. Indeed, we find that CpG sites known to be influenced by social and

environmental exposures are also differentially methylated between ethnic subgroups. These

findings called attention to a more complete understanding of the effect of social and

environmental variables on methylation in the context of race and ethnicity to fully

understanding this complex process.

Our findings have important implications for the independent and joint effects of race,

ethnicity, and genetic ancestry in biomedical research and clinical practice, especially in

studies conducted in diverse or admixed populations. Our conclusions may be generalizable to

any population that is racially mixed such as those from South Africa, India, and Brazil, though

we would encourage further study in diverse populations, and likely has implications for all

studies of diverse populations. As the National Institutes of Health (NIH) embarks on a

precision medicine initiative, this research underscores the importance of including diverse

populations and studying factors capturing the influence of social, cultural, and environmental

factors, in addition to genetic ones, upon disparities in disease and drug response.

Materials and Methods

Participant Recruitment.

All research on human subjects was approved by the Institutional Review Board at the

University of California and each of the recruitment sites (Kaiser Permanente Northern

California, Children's Hospital Oakland, Northwestern University, Children's Memorial

Hospital Chicago, Baylor College of Medicine on behalf of the Texas Children's Hospital, VA

Medical Center in Puerto Rico, the Albert Einstein College of Medicine on behalf of the Jacobi

Medical Center in New York and the Western Review Board on behalf of the Centro de

Neumologia Pediatrica), and all participants/parents provided age-appropriate written

assent/consent. Latino children were enrolled as a part of the ongoing GALA II case-control

study[33].

A total of 4,702 children (2,374 participants with asthma and 2,328 healthy controls) were

recruited from five centers (Chicago, Bronx, Houston, San Francisco Bay Area, and Puerto Rico)

using a combination of community- and clinic-based recruitment. Participants were eligible if

they were 8-21 years of age and self-identified as a specific Latino ethnicity and had four Latino

grandparents. Asthma cases were defined as participants with a history of physician diagnosed

asthma and the presence of two or more symptoms of coughing, wheezing, or shortness of

breath in the 2 years preceding enrollment. Participants were excluded if they reported any of

the following: (1) 10 or more pack-years of smoking; (2) any smoking within 1 year of

recruitment date; (3) history of lung diseases other than asthma (cases) or chronic illness

(cases and controls); or (4) pregnancy in the third trimester. Further details of recruitment are

described elsewhere[33]. Latino sub-ethnicity was determined by self-identification and the

ethnicity of the their four grandparents. Due to small numbers, ethnicities other than Puerto

Rican and Mexican were collapsed into a single category, "other Latino". Participants whose

four grandparents were of discordant ethnicity were considered to be of "mixed Latino"

ethnicity.

Trained interviewers, proficient in both English and Spanish, administered questionnaires to

gather baseline demographic data, as well as information on general health, asthma status,

acculturation, social, and environmental exposures.

Methylation

Genomic DNA (gDNA) was extracted from whole blood using Wizard® Genomic DNA

Purification Kits (Promega, Fitchburg, WI). A subset of 573 participants (311 cases with asthma

and 262 healthy controls) was selected for methylation. Methylation was measured using the

Infinium HumanMethylation450 BeadChip (Illumina, Inc., San Diego, CA) following the

manufacturer's instructions.

1 µg of gDNA was bisulfite-converted using the Zymo EZ DNA Methylation Kit™ (Zymo

research, Irvine, CA) according to the manufacturer's instructions. Bisulfite converted DNA

was isothermally amplified overnight, enzymatically fragmented, precipitated, and re-

suspended in hybridization buffer. The fragmented, re-suspended DNA samples were

dispensed onto Infinitum HumanMethylation450 BeadChips and incubated overnight in an

Illumina hybridization oven. Following hybridization, free DNA was washed away, and the

BeadChips were extended through single nucleotide extensions with fluorescent labels. The

BeadChips were imaged using an Illumina iScan system, and processed using the Illumina

GenomeStudio Software.

Failed probes were identified using detection p-values using Illumina's recommendations.

Probes on sex chromosomes and those known to contain genetic polymorphisms in the probe

sequence were also excluded, leaving 321,503 probes for analysis. Raw data were normalized

using Illumina's control probe scaling procedure. Beta values of methylation (ranging from 0

to 1) were converted to M-values via a logit transformation[44].

Genotyping

Details of genotyping and quality control procedures for single nucleotide polymorphisms

(SNPs) and individuals have been described elsewhere[45]. Briefly, participants were

genotyped at 818,154 SNPs on the Axiom® Genome-Wide LAT 1, World Array 4 (Affymetrix,

Santa Clara, CA)[46]. We removed SNPs with >5% missing data and failing platform-specific SNP

quality criteria (n=63,328), along with those out of Hardy-Weinberg equilibrium (n=1845; p<10-

6) within their respective populations (Puerto Rican, Mexican, and other Latino), as well as

non-autosomal SNPs. Subjects were filtered based on 95% call rates and sex discrepancies,

identity by descent and standard Affymetrix Axiom metrics. The total number of participants

passing QC was 3,804 (1,902 asthmatic cases, 1,902 healthy controls), and the total number of

SNPs passing QC was 747,129. The number of participants with both methylation and

genotyping data was 524.

Ancestry and PCA analysis

GALA II participants were combined with ancestral data from 1000 Genomes European (CEU)

and African (YRI) populations and 71 Native American (NAM) samples genotyped on the

Axiom® Genome-Wide LAT 1 array. A final sample of 568,037 autosomal SNPs with relevant

ancestral data was used to estimate local and global ancestry. Global ancestry was estimated

using the program ADMIXTURE[47], with a three population model. Local ancestry at all

positions across the genome was estimated using the program LAMP-LD[48], assuming three

ancestral populations.

Principal components for the genetic data were determined using the program

EIGENSTRAT[40].

Statistical analysis

Unless otherwise noted, all regression models were adjusted for case status, age, sex, estimated

cell counts, and plate and position. To account for possible heterogeneity in the cell type

makeup of whole blood we inferred white cell counts using the method by Houseman et al[35].

Indicator variables were used to code categorical variables with more than two categories,

such as ethnicity. In these cases, a nested analysis of variance (ANOVA) was used to compare

models with and without the variables to obtain an omnibus p-value for the association

between the categorical variable and the outcome. For analyses of dependent beta-distributed

variables (such as African, European, and Native American ancestries), or cell proportion, k-1

variables were included in the analysis, and a nested analysis of variance (ANOVA) was used to

compare models with and without the variables to obtain an k-1 degree of freedom omnibus p-

value for the association between predictor (such as ancestry) and the outcome variable.

The Bonferroni method was used to adjust for multiple comparisons. For methylome-wide

associations, the significance threshold was adjusted for 321,503 probes, resulting in a

Bonferroni threshold of 1.6×10^{-7}. Analyses were performed using R version 3.2.1 (The R

Foundation for Statistical Computing)[49] and the Bioconductor package version 2.13.

Multidimensional scaling of the logit transformed methylation data (M-values) was performed

by first calculating the Euclidian distance matrix between each pair of individuals and then

calculating the first 10 principal coordinates of the data [Figure S2A]. We performed both a

simple correlation analysis of these principal coordinates to demographic factors (age, sex,

ethnicity), estimated cell counts and technical factors (batch, plate, and position) to identify

factors that correlated with global methylation patterns [see Figure S2B]. In addition, we

performed a multiple regression analysis of methylation principal coordinates by ethnicity

and ancestry, adjusting for case status, age, sex, estimated cell counts, and plate and position

[Table S1].

We also sought to establish the extent to which global differences in methylation between

Puerto Ricans and Mexicans could be explained by differences in ancestry between the two

groups. We estimated the proportion of the ethnicity association that was mediated by

genomic ancestry using the R package "mediation"[36] for methylation principal coordinates,

which demonstrated a significant association with ethnicity.

We also sought to correlate ethnicity and methylation at a locus-specific level. We thus

performed a linear regression between methylation at each CpG site and self-reported

ethnicity (Mexican, Puerto Rican, Mixed Latino, and Other Latino), followed by a three degree

of freedom analysis of variance to determine the overall effect of ethnicity on methylation We

repeated the analysis excluding the 16 participants that were self-described as "Mixed Latino",

and tested for non-linearity in two ways: by adding second and third order polynomials to the

model, and by adding a 3-degree of freedom cubic spline and comparing models with the non-

linear terms to those without using a nested ANOVA. At loci where there was evidence for

non-linearity, we tested whether ethnicity remained associated with methylation after

adjusting for ancestry as well as the deviations from linearity. Finally, we tested for the

presence of population sub-structure beyond that conveyed through ancestry by adding the

genetic principal components 3-10 (PCs 1 and 2 were co-linear with ancestry with a correlation

coefficient $R2 > 0.998$) and comparing models with those PCs to those without. At loci where

there was evidence for association between PC's 3-10 and methylation, we tested whether

ethnicity remained associated with methylation after adjusting for ancestry as well as the PC's

3-10.

We calculated the proportion of variance in methylation explained by ethnicity and genomic

ancestry at each site where ethnicity was significantly associated with methylation. To do this,

we fit a model that included both ethnicity and global ancestry as well as the confounders

described above and calculated the proportion of variance explained by multiplying the ratio

of the variance between predictors (ethnicity and genomic ancestry) and outcome

(methylation) by the square of the effect magnitude (ß).

We also examined whether differences in methylation patterns by ethnicity could be

associated with known loci that had previously been reported to vary based on common

environmental exposures, including maternal smoking during pregnancy[23], diesel exhaust

particles (DEP)[25], and exposure to violence[27]. We have previously shown that exposure to

these common environmental exposures or similar exposures varied by ethnicity within our

own GALA II study populations[33,50,51].

In addition, we examined the association between global ancestry and methylation across all

CpG loci using a two-degree of freedom likelihood ratio test as well as by examining the

association between individual ancestral components (African, European, and Native

American) and methylation at each CpG site. At each site where methylation was significantly

associated with genomic ancestry proportions, we determined the relative effect of global

ancestry (θ, theta) and local ancestry (γ, gamma) in a joint model by calculating the proportion

of variance explained as above.

To determine whether ancestry associations with methylation were due to variation in local

ancestry, we correlated local ancestry at each CpG site with methylation at the site. Because

ancestry LD is much stronger than genotypic LD, it is possible to accurately interpolate

ancestry at each CpG site based on the ancestry estimated at the nearest SNPs[45,52]. Measures

of locus-specific ancestry were correlated with local methylation using linear regression. We

performed a two-degree of freedom analysis of variance test evaluating the overall effect of all

three ancestries as well as single-ancestry associations comparing methylation at a given locus

with the number of African, European and Native American chromosomes at that CpG site.

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672 **Tables**

673 **TABLE 1**: Baseline characteristics of GALA II participants with methylation data,

674 stratified by ethnicity.

	Mexican	Puerto Rican	Mixed Latino	Other Latino
n	276	220	16	61
Males (%)	125 (45.3%)	127 (57.7%)	6 (37.5%)	28 (45.9%)
Age	11.4 [9.3: 14.7]	12.3 [10.4: 14.2]	11.8 [10.7: 14.9]	11.8 [10: 15.7]
Asthma cases (%)	124 (44.9%)	147 (66.8%)	9 (56.3%)	31 (50.8%)
Ancestry (n = 524)				
African	4.3% [2.9%: 6.0%]	22.8% [16.6%: 29.4%]	8.5% [5.6%: 19.2%]	12.3% [6.3%: 25.8%]
Native American	55.4% [44.5%: 65.7%]	11.2% [9.8%: 13%]	31.5% [20.9%: 45.6%]	32.8% [10.4%: 49.3%]
European	40.5% [29.9%: 50.2%]	65.7% [59.2%: 71%]	50.5% [44.6%: 57.6%]	48.9% [40%: 58.5%]
Recruitment Site				
Chicago	140 (50.7%)	15 (6.8%)	11 (68.9%)	15 (24.6%)
New York	18 (6.5%)	10 (4.5%)	1 (6.3%)	23 (37.7%)
Puerto Rico	0	193 (87.7%)	0	0
San Francisco	78 (28.3%)	0	2 (12.5%)	23 (37.7%)
Houston	40 (14.5%)	2 (0.9%)	2 (12.5%)	5 (8.2%)
Cell Counts (estimated)				
Granulocytes	51.2% [46.0%: 55.7%]	51.6% [46.8%: 57%]	51% [43.6%: 57.2%]	49.1% [43.8%: 55.8%]
Lymphocytes	41.9% [36.9%: 46.6%]	41.8% [36.9%: 46.5%]	41.9% [36.1%: 51.6%]	43.9% [36.8%: 49.6%]
Monocytes	7.1% [5.8%: 8.3%]	6.74% [5.74%: 8.24%]	6.6% [5.7%: 7.6%]	7.4% [6.2%: 8.6%]

Figure Legends

Figure 1: Associations between ethnicity and methylation (**A**) Manhattan plot showing

the associations between ethnicity and methylation at individual CpG loci. (**B**) Violin

plot showing one such locus, cg19145607. Mexicans are relatively hypermethylated

compared to Puerto Ricans (p = 1.4×10^{-19}). (**C**) Plot showing the association between

Native American ancestry at the locus and methylation levels at the locus colored by

ethnicity; Native American ancestry accounts for 58% of the association between

ethnicity and methylation at the locus.

Figure 2: Association between local ancestry and methylation. Indicate figure parts

with bold capital letters (**A**) Association between cg04922029 on the *DARC* locus and

African ancestry, color coded by ethnic group. There is near perfect correlation between

the two. (**B**) Association between SNPs located within 1Mb of cg04922029 and

methylation levels at that CpG. (**C**) Association between rs2814778 (Duffy null)

genotype and methylation at cg04922029, color coded by the number of African alleles

present. There is near perfect correlation between genotype, ancestry and methylation at

the locus. (**D**) Allele frequency of rs2814778 by 1000 Genomes population. The C allele

is nearly ubiquitous in African populations and nearly absent outside of African

populations and their descendants.

Figure 1

A

B

C

Figure 2