Genes Affecting Vocal and Facial Anatomy Went Through Extensive Regulatory Divergence in Modern Humans

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Summary

Regulatory changes are broadly accepted as key drivers of phenotypic divergence. However, identifying regulatory changes that underlie human-specific traits has proven very challenging. Here, we use 63 DNA methylation maps of ancient and present-day humans, as well as of six chimpanzees, to detect differentially methylated regions that emerged in modern humans after the split from Neanderthals and Denisovans. We show that genes affecting the face and vocal tract went through particularly extensive methylation changes. Specifically, we identify widespread hypermethylation in a network of face- and voice-affecting genes (*SOX9*, *ACAN*, *COL2A1*, *NFIX* and *XYLT1*). We propose that these repression patterns appeared after the split from Neanderthals and Denisovans, and that they might have played a key role in shaping the modern human face and vocal tract.

Keywords: Epigenetics, Paleoepigenetics, aDNA, Neandertal, Denisova, Gene regulation, Craniofacial morphology, Larynx, Vocal cords, Voice box

Introduction

The advent of high-coverage ancient genomes of archaic humans (Neanderthal and Denisovan) introduced the possibility to identify the genetic basis of some unique modern human traits[1]. A common approach is to carry out sequence comparisons and detect non-neutral sequence changes. However, out of ~30,000 substitutions and indels that reached fixation in modern humans, less than 100 directly alter amino acid sequence[1], and as of today, our ability to estimate the biological effects of the remaining ~30,000 noncoding changes is very restricted. Whereas many of them are probably nearly neutral, many others may affect gene function, especially those in regulatory regions such as promoters and enhancers. Such regulatory changes may have a sizeable impact on human evolution, as alterations in gene regulation are thought to underlie much of the phenotypic variation between closely related groups[2]. Because of the limited ability to interpret noncoding variants, direct examination of regulatory layers such as DNA methylation has the potential to enhance our understanding of the evolutionary origin of human-specific traits far beyond what can be achieved using sequence comparison alone[3].

In order to gain insight into the regulatory changes that underlie human evolution, we previously developed a method to reconstruct DNA methylation maps of ancient genomes based on analysis of patterns of damage to ancient DNA[4]. We used this method to reconstruct the methylomes of a Neanderthal and a Denisovan, which were then compared to a partial methylation map of a present-day osteoblast cell line. However, the ability to identify differentially methylated regions (DMRs) between the human groups was constrained by the incomplete reference map (providing methylation information for ~10% of CpG sites), differences in outputs of sequencing platforms, lack of an outgroup, and a restricted set of skeletal samples (see Methods).

To study the evolutionary dynamics of DNA methylation along the hominin tree on a larger

scale, we establish here the most comprehensive assembly to date of skeletal DNA methylation

maps from modern humans, archaic humans, and chimpanzees. Using these maps, we identify

588 genes whose methylation state is unique to modern human. We then analyze the function of

these genes by investigating their known anatomical effects, and validate this using over 50

orthogonal tests and controls. We find that the most extensive DNA methylation changes are

observed in genes that affect vocal and facial anatomy, and that this trend is unique to modern

humans.

Results

We reconstructed ancient DNA methylation maps of eight individuals: in addition to the

previously published Denisovan and Altai Neanderthal methylation maps[4], we reconstructed the

methylomes of the Vindija Neanderthal (~52 thousand years ago, kya)[5], and three anatomically

modern humans: the Ust'-Ishim individual (~45 kya, Western Siberia)[6], the Loschbour individual

(~8 kya, Luxemburg)[7], and the Stuttgart individual (~7 kya, Germany)[7]. We also sequenced to

high-coverage and reconstructed the methylomes of the La Braña 1 individual from Spain (~8

kya, 22x) (which was previously sequenced to low-coverage[8]) and an individual from Barçın

Höyük, Western Anatolia, Turkey (I1583, ~8.5 kya, 24x), which was previously sequenced using

a capture array[9].

To this set we added 52 publicly available partial bone methylation maps from present-day

individuals, produced using 450K methylation arrays (see Methods). To obtain full present-day

bone maps, we produced whole-genome bisulfite sequencing (WGBS) methylomes from the

femur bones of two individuals (Bone1 and Bone2). Hereinafter, ancient and present-day modern

humans are collectively referred to as *anatomically modern humans* (AMHs), while the

Neanderthal and Denisovan are referred to as *archaic humans*. As an outgroup, we produced

methylomes of six chimpanzees: one WGBS, one reduced representation bisulfite sequencing

(RRBS) and four 850K methylation arrays. Together, these data establish a unique and

comprehensive platform to study DNA methylation dynamics in recent human evolution

(Extended Data Table 1).

Identification of DMRs

We developed a DMR-detection method for ancient methylomes, which accounts for potential

noise introduced during reconstruction, as well as differences in coverage and deamination rates

(Extended Data Fig. 1). To minimize the number of false positives and to identify DMRs that are

most likely to have a regulatory effect, we applied a strict threshold of >50% difference in

methylation across a minimum of 50 CpGs. This also filters out environmentally-induced DMRs

which typically show small methylation differences and limited spatial scope[10]. Using this

method, we identified 9,679 regions overall that showed methylation differences between any of

the high-quality representative methylomes of the Denisovan, the Altai Neanderthal, and the

Ust'-Ishim anatomically modern human. These regions do not necessarily represent evolutionary

differences between the human groups. Rather, many of them could be attributed to factors

separating the three individuals (e.g., Ust'-Ishim is a male whereas the archaic humans are

females), or to variability within populations. To minimize such effects, we used the 59

additional human maps to filter out regions where variability in methylation is detected. We

adopted a conservative approach, whereby we take only loci where methylation in one hominin

group is found completely outside the range of methylation in the other groups (Fig. 1a).

Importantly, our samples come from both sexes, from individuals of various ages and ancestries,

from sick and healthy individuals, and from a variety of skeletal parts (femur, skull, phalanx,

tooth, and rib). Hence, this procedure is expected to account for these potentially confounding

factors, and the remaining DMRs are expected to represent true evolutionary differences (Fig.

1a-c, Extended Data Fig. 1, see Methods). This step resulted in a set of 7,649 DMRs that

discriminate between the human groups, which we ranked according to their significance level.

Next, using the chimpanzee samples, we were able to determine for 2,825 of these DMRs the

lineage where the methylation change occurred (Fig. 1d). Of these DMRs, 873 are AMH-

derived, 939 are archaic-derived, 443 are Denisovan-derived, and 570 are Neanderthal-derived

(Fig. 2a, Extended Data Fig. 1, Extended Data Table 2). To study the derived biology of

AAMHs, and to focus on DMRs that are based on the most extensive set of maps, we

concentrated on the 873 AMH-derived DMRs. We found that these DMRs are located 58x closer

to AMH-derived sequence changes than expected by chance (0.092 Mb vs. a median of 5.3 Mb,

$P < 10^{-5}$, permutation test, Fig. 2b). This suggests that some of the methylation changes might

have been driven by cis-regulatory sequence variants that arose along the AMH lineage.

Face and voice-affecting genes are derived in AMHs

We defined differentially methylated genes (DMGs) as genes that overlap at least one DMR

along their body or in their promoter, up to 5 kb upstream. The 873 AMH-derived DMRs are

linked to 588 AMH-derived DMGs (Extended Data Table 2). To gain insight into the function of

these DMGs, we first analyzed their gene ontology (GO). As expected from genes that show

differential methylation in the skeleton between human groups, AMH-derived DMGs are

enriched with terms associated with the skeleton (e.g., *endochondral bone morphogenesis,*

trabecula morphogenesis, and *palate development*). Also notable are terms associated with the

skeletal muscular, cardiovascular, and nervous systems (Extended Data Table 3).

161 To acquire a more precise understanding of the possible functional consequences of these

162 DMGs, we used Gene ORGANizer, which links human genes to the organs they phenotypically

163 affect[11]. Unlike tools that use GO terms or RNA expression data, Gene ORGANizer is based

164 entirely on curated gene-disease and gene-phenotype associations from monogenic diseases. It

165 relies on direct phenotypic observations in human patients whose conditions result from known

166 gene perturbations. Using Gene ORGANizer, we found 11 organs that are over-represented

167 within the 588 AMH-derived DMGs, eight of which are skeletal parts that can be divided into

168 three regions: the face, larynx (voice box), and pelvis (Fig. 2c, Extended Data Table 4). The

169 strongest enrichment was observed in the laryngeal region (x2.11 and x1.68, FDR = 0.017 and

170 0.048, for the vocal folds (vocal cords) and larynx, respectively), followed by facial and pelvic

171 structures, including the teeth, forehead, jaws, and pelvis. Interestingly, the face and pelvis are

172 considered the most morphologically divergent regions between Neanderthals and AMHs[12] and

173 our results reflect this divergence through gene regulation changes. To gain orthogonal evidence

174 for the enrichment of the larynx and face within these AMH-derived DMGs, we carried out a

175 number of additional analyses: First, we analyzed gene expression patterns and found that the

176 supralaryngeal vocal tract (the pharyngeal, oral, and nasal cavities, where sound is filtered to

177 specific frequencies) is the most enriched body part (1.7x and 1.6x, FDR = 5.6×10^{-6} and FDR =

178 7.3×10^{-7}, for the pharynx and larynx, respectively, Extended Data Table 3). Second, 44 of the

179 AMH-derived DMRs overlap previously reported putative enhancers of human craniofacial

180 developmental genes (5.1x compared to expected, $P < 10^{-4}$, permutation test)[13,14]. Third, *Palate*

181 *development* is the third most enriched GO term among AMH-derived DMGs (Extended Data

182 Table 3). Fourth, DMGs significantly overlap genes associated with craniofacial features in the

183 GWAS catalog[15] ($P = 3.4 \times 10^{-4}$, hypergeometric test).

To test whether this enrichment remains if we take only the most confident DMRs, we limited

the analysis to DMGs where the most significant DMRs are found (top quartile, Q statistic).

Here, the over-representation of voice-affecting genes is even more pronounced (2.82x and

2.26x, for vocal folds and larynx, respectively, FDR = 0.028 for both, Fig. 2d, Extended Data

Table 4). Hereinafter, we refer to genes as affecting an organ if they have been shown to have a

phenotypic effect on that organ in some or all patients where this gene is dysfunctional.

Next, we reasoned that skeleton-associated genes might be over-represented in analyses that

compare bone DNA methylation maps, hence introducing potential biases. To test whether this

enrichment might explain the over-representation of the larynx, face, and pelvis, we compared

the fraction of genes affecting these organs within all skeletal genes to their fraction within the

skeletal genes in the AMH-derived DMGs. We found that genes affecting the face, larynx, and

pelvis are significantly over-represented even within skeletal AMH-derived DMGs ($P = 1.0$ x 10^{-}

^{5}, $P = 1.3$ x 10^{-3}, $P = 2.1$ x 10^{-3}, $P = 0.03$, for vocal folds, larynx, face, and pelvis, respectively,

hypergeometric test). Additionally, using a permutation test, we found that the enrichment levels

within AMH-derived DMGs are significantly higher than expected by chance for the laryngeal

and facial regions, but not for the pelvis ($P = 8.0$ x 10^{-5}, $P = 3.6$ x 10^{-3}, $P = 8.2$ x 10^{-4}, and $P =$

0.115, for vocal folds, larynx, face and pelvis, respectively, Extended Data Fig. 2b-e, see

Methods). Thus, we found that the enrichment in the facial and laryngeal regions is not a by-

product of a general enrichment in skeletal parts, and we hereinafter focus on genes affecting

these two regions.

Finally, we ruled out the options that our DMR-detection algorithm, number of samples, filtering

process or biological factors such as gene length, cellular composition, pleiotropy or

developmental stage might underlie the enrichment of these organs (see Methods).

Perhaps most importantly, none of the other branches shows enrichment of the larynx or the

vocal folds; Neanderthal- and Denisovan-derived DMGs show no significant enrichment in any

organ, and archaic-derived DMGs are over-represented in the jaws, lips, limbs, scapulae, and

spinal column, but not in the larynx or vocal folds (Extended Data Fig. 2f, Extended Data Table

4). In addition, DMRs that separate chimpanzees from all humans (archaic and modern,

Extended Data Table 2) do not show enrichment of genes affecting the larynx or face,

compatible with the notion that this trend emerged along the AMH lineage.

Taken together, we conclude that DMGs that emerged along the AMH lineage are uniquely

enriched in genes affecting the voice and face, and that this is unlikely to be an artifact of (a)

inter-individual variability resulting from age, sex, disease, or bone type; (b) significance level of

DMRs; (c) the reconstruction or DMR-detection processes; (d) number of samples used; (e)

pleiotropic effects; (f) the types of methylation maps used; (g) the comparison of skeletal

methylomes; (h) gene length distribution; or (i) biological factors such as cellular composition

and developmental state.

Our analyses identified 56 DMRs in genes affecting the facial skeleton, and 32 in genes affecting

the laryngeal skeleton. The face-affecting genes are known to shape mainly the protrusion of the

lower and midface, the size of the nose, and the slope of the forehead. Interestingly, these traits

are considered some of the most derived between Neanderthals and AMHs[12]. The larynx-

affecting genes have been shown to underlie various phenotypes in patients, ranging from slight

changes to the pitch and hoarseness of the voice, to a complete loss of speech ability[11] (Extended

Data Table 5). These phenotypes were shown to be driven primarily by alterations to the

laryngeal and vocal tract skeleton. Methylation patterns in differentiated cells are often

established during earlier stages of development, and the closer two tissues are developmentally,

the higher the similarity between their methylation maps[3,16,17]. This is also evident in the fact that

DMRs identified between species in one tissue often exist in other tissues as well[16]. Importantly,

the laryngeal skeleton, and particularly the arytenoid cartilage to which the vocal folds are

anchored, share an origin from the somatic layer of the lateral plate mesoderm with the

cartilaginous tissue of the limb bones prior to their ossification. Thus, it is likely that many of the

DMRs identified here between limb samples also exist in their closest tissue – the laryngeal

skeleton. This is further supported by the observation that these DMGs are consistent across all

examined skeletal samples, including skull, femur, rib, tibia, and tooth. Furthermore, we directly

measured methylation levels in a subset of the DMRs in primary chondrocytes and show that

their patterns extend to these cells as well (see below).

Extensive methylation changes within face and voice-affecting genes

The results above suggest that methylation levels in many face- and voice-affecting genes have

changed in AMHs since the split from archaic humans, but they do not provide information on

the extent of changes within each gene. To do so, we scanned the genome in windows of 100 kb

and computed the fraction of CpGs which are differentially methylated in AMHs (hereinafter,

AMH-derived CpGs). We found that the extent of changes within voice-affecting DMGs is most

profound, more than 2x compared to other DMGs (0.132 vs. 0.055, FDR = 2.3×10^{-3}, t-test,

Extended Data Table 6). Face-affecting DMGs also present high density of AMH-derived CpGs

(0.079 vs. 0.055, FDR = 2.8×10^{-3}). In archaic-derived DMGs, on the other hand, the extent of

changes within voice- and face-affecting genes is not different than expected (FDR = 0.99,

Extended Data Table 6). To control for possible biases, we repeated the analysis using only the

subset of DMRs in genes affecting the skeleton. Here too, we found that voice-affecting AMH-

derived DMGs present the highest density of changes (2.5x for vocal folds, 2.4x for larynx, FDR

= 1.4 x 10^{-3} for both, Extended Data Table 6), and face-affecting DMGs also exhibit a

significantly elevated density of changes (1.4x, FDR = 0.04).

We also found that compared to other AMH-derived DMRs, DMRs in voice- and face-affecting

genes tend to be 40% closer to candidate positively selected loci in AMHs[18] ($P < 10^{-4}$,

permutation test).

Strikingly, when ranking DMGs according to the fraction of AMH-derived CpGs, all top five

skeleton-related DMGs (*ACAN*, *SOX9*, *COL2A1*, *XYLT1*, and *NFIX*) are known to affect lower

and midfacial protrusion, as well as the voice[11,19] (Fig. 3a,b, Extended Data Fig. 2g). This is

particularly surprising considering that genome-wide, less than 2% of genes (345) are known to

affect the voice, ~3% of genes (726) are known to affect lower and midfacial protrusion, and less

than 1% (182) are known to affect both[11,19].

The three skeletal DMGs with the highest density of AMH-derived CpGs are the extra-cellular

matrix genes *ACAN* and *COL2A1,* and their key regulator *SOX9*, which together form a network

that regulates skeletal growth, the transition from cartilage to bone, and spatio-temporal

patterning of skeletal development, including the facial and laryngeal skeleton in humans[19,20] and

mouse[21]. *SOX9* was also shown to be one of the top genes underlying variation in craniofacial

morphology within-AMHs[22]. *SOX9* is regulated by a series of upstream enhancers identified in

mouse and human[23]. In human skeletal samples, hypermethylation of the *SOX9* promoter was

shown to down-regulate its activity, and consequently its targets[24]. This was also demonstrated

repeatedly in non-skeletal tissues of human[25,26] and mouse[27,28]. We found substantial

hypermethylation in AMHs in the following regions: (a) the *SOX9* promoter; (b) seven of its

proximal and distal skeletal and skeletal progenitor enhancers[23]; (c) the targets of SOX9: *ACAN*

(DMR #80) and *COL2A1* (DMR #1, the most significant AMH-derived DMR, which spans 32kb

and covers almost the entire *COL2A1* gene, from its 1st intron to its 54th exon and 3'UTR

region); and (d) an upstream lincRNA (*LINC02097*). Notably, regions (a), (b), and (d) overlap

the longest DMR on the AMH-derived DMR list, spanning 35,910 bp (DMR #11, Fig. 4).

Additionally, a more distant putative enhancer, located 345 kb upstream of *SOX9*, was shown to

bear strong active histone modification marks in chimpanzee craniofacial progenitor cells;

whereas, in humans these marks are almost absent (~10x lower than chimpanzee, suggesting

down-regulation, Fig. 4b)[13]. Importantly, human and chimpanzee non-skeletal tissues (i.e., brain

and blood) exhibit very similar methylation patterns in these genes, suggesting the DMRs are

skeleton-specific. Finally, the amino acid sequence coded by each of these genes is identical

across the hominin groups[1], suggesting that the observed changes are purely regulatory.

Together, these observations support the idea that *SOX9* became down-regulated in AMH

skeletal tissues, likely followed by down-regulation of its targets: *ACAN* and *COL2A1*.

XYLT1, the 4th highest skeleton-related DMG, is an enzyme involved in the synthesis

of glycosaminoglycan. Loss-of-function mutations, hypermethylation of the gene and its

consequent reduced expression underlie the Desbuquois dysplasia skeletal syndrome, which was

shown to affect the cartilaginous structure of the larynx, and drive a retraction of the face[29,30].

Very little is known about *XYLT1* regulation, but interestingly, in zebrafish it was shown to be

bound by SOX9 [[31]].

To quantitatively investigate the potential phenotypic consequences of these DMGs, we tested

what fraction of their known phenotypes are also known as traits that differ between modern and

archaic humans. We found that four of the top five most differentially methylated genes (*XYLT1*,

NFIX, *ACAN*, and *COL2A1*) are in the top 100 genes with the highest fraction of divergent traits

between Neanderthals and AMHs. Remarkably, *COL2A1*, the most divergent gene in its

methylation patterns, is also the most divergent in its phenotypes: no other gene in the genome is

associated with as many divergent traits between modern humans and Neanderthals (63 traits,

Extended Data Table 7, see Methods). This suggests that these extensive methylation changes

are possibly linked to phenotypic divergence between archaic and AMHs.

NFIX **methylation patterns suggest downregulation in AMHs**

In order to investigate how methylation changes affect expression levels, we scanned the DMRs

to identify those whose methylation levels are strongly correlated with expression across 22

human tissues[32]. We found 90 such AMH-derived DMRs (FDR < 0.05, Extended Data Table 2).

DMRs in voice-affecting genes are significantly more likely to be correlated with expression

compared to other DMRs (2.05x, $P = 6.65 \times 10^{-4}$, hypergeometric test). Particularly noteworthy

is *NFIX*, one of the most derived genes in AMHs (ranked 5th among DMGs affecting the

skeleton, Fig. 3a,b). *NFIX* contains two DMRs (#24 and #167, Fig. 5a), and in both, methylation

levels are tightly linked with expression (correlation of 81.7% and 73.8%, FDR = 3.5×10^{-6} and

8.6×10^{-5}, respectively, Fig. 5b). In fact, *NFIX* is one of the top ten DMGs with the most

significant correlation between methylation and expression in human. The association between

NFIX methylation and expression was also shown previously across several mouse tissues[33,34].

To further examine this, we investigated a dataset of DNMT3A-induced methylation of human

MCF-7 cells. Forced induction of methylation in this study was sufficient to repress *NFIX*

expression by over 50%, placing *NFIX* as one of the genes whose expression is most affected by

hypermethylation[35] (ranked in the 98th percentile, FDR = 1.28×10^{-6}). We further validated the

hypermethylation of *NFIX* across the skeleton by comparing four human cranial samples to four

chimpanzee cranial samples through bisulfite-PCR ($P = 0.01$, Extended Data Fig. 3, Extended

Data Table 1, see Methods). Together, these findings suggest that the observed hypermethylation

of *NFIX* in AMHs reflects down-regulation that emerged along the AMH lineage. Indeed, we

found that *NFIX*, as well as *SOX9, ACAN, COL2A1*, and *XYLT1* are hypermethylated in human

femora compared to baboon[36] ($P = 1.4 \times 10^{-5}$ and $P = 8.1 \times 10^{-9}$, compared to baboon femora

bone and cartilage, respectively, *t*-test). Also, all five genes show significantly reduced

expression in humans compared to mice (Fig. 5c). Taken together, these observations suggest

that DNA methylation is a primary mechanism in the regulation of *NFIX*, and serves as a good

proxy for its expression. Interestingly, NFI proteins were shown to bind the upstream enhancers

of *SOX9* [[37]], hence suggesting a possible mechanism to the simultaneous changes in the five top

genes we report.

Discussion

We have shown here that genes affecting vocal and facial anatomy went through extensive

methylation changes in recent AMH evolution, after the split from Neanderthals and Denisovans.

The extensive methylation changes are manifested both in the number of divergent genes and in

the extent of changes within each gene. Notably, the DMRs we report capture substantial

methylation changes (over 50% between at least one pair of human groups), span thousands or

tens of thousands of bases, and cover promoters and enhancers. Many of these methylation

changes are tightly linked with changes in expression. We particularly focused on changes in the

regulation of the five most derived skeletal genes on the AMH lineage: *SOX9, ACAN, COL2A1*,

XYLT1, and *NFIX*, whose downregulation was shown to underlie a retracted face, as well as

changes to the structure of the larynx[20,29,38–41]. The results we report, which are based on ancient

DNA methylation patterns, provide novel means to analyze the genetic mechanisms that underlie

the evolution of the human face and vocal tract.

Humans are distinguished from other apes in their unique capability to communicate through

speech. This capacity is attributed not only to neural changes, but also to structural alterations to

the vocal tract[42]. The relative roles of anatomy vs. cognition in our speech skills are still

debated[43], and some propose that even with a human brain, other apes could not reach the human

level of articulation and phonetic range[42,44]. Phonetic range is determined by the different

configurations that the vocal tract can produce. Modern humans have a 1:1 proportion between

the horizontal and vertical dimensions of the vocal tract, which develops mainly in post-infant

years[45] and is unique among primates (Fig. 6a)[42]. Although it is still debated whether this

configuration is a prerequisite for speech[43], it was nonetheless suggested to be optimal for

speech[42,46]. The 1:1 proportion was reached through retraction of the human face, together with

the descent of the larynx, pulling the tongue with it, and suggesting that the two process are

tightly linked[47,48]. In this regard, the fact that the top five skeletal DMGs regulate both facial

protrusion and the anatomy of the larynx suggests that these two processes might have been

linked, though the interaction between the two is still to be determined, as their exact

developmental pathways are beyond the scope of the current study. For an in-depth review of the

anatomy of vocalization and speech, see [42].

A longstanding question is whether Neanderthals and AMHs share similar vocal anatomy[49,50].

Attempts to answer this question based on morphological differences have proven hard, as the

larynx is mostly composed of soft tissues (e.g., cartilage), which do not survive long after death.

The only remnant from the Neanderthal laryngeal region is the hyoid bone, which is detached

from the rest of the skull[50]. Based on this single bone, or on computer simulations and tentative

vocal tract reconstructions, it is difficult to characterize the full anatomy of the Neanderthal

vocal apparatus, and opinions remain split as to whether it was similar to that of AMHs[49,50].

Most skeletal disease phenotypes that result from *NFIX* dysfunction are craniofacial, as *NFIX*

influences the balance between lower and upper projection of the face[51]. In addition, mutations in

NFIX were shown to impair speech capabilities[41,52]. The exact mechanism is still unknown, but is

thought to occur partly through skeletal alterations to the larynx[41]. To investigate if changes in

NFIX expression could explain morphological changes in the AMH face and larynx, we

examined its clinical skeletal phenotypes. Mutations in *NFIX* were shown to cause the Marshall-

Smith and Malan syndromes, whose phenotypes include various skeletal alterations such as

hypoplasia of the midface, retracted lower jaw, and depressed nasal bridge[51]. In many patients,

the phenotypic alterations are driven by heterozygous loss-of-function mutations that cause

haploinsufficiency. This shows that reduced activity of *NFIX*, even if partial, results in skeletal

alterations[51]. Because *NFIX* is inferred to have been down-regulated in AMHs compared to

archaic humans, we hypothesized that similar phenotypes to the ones that are driven by *NFIX*

loss-of-function may also exist between modern and archaic humans. For example, because

reduced activity of *NFIX* results in a more retracted face, we hypothesized that AMHs would

present a more retracted face compared to archaic humans. We therefore examined the

phenotypes of the Marshall-Smith and Malan syndromes and found that not only do most of

these phenotypes exist between Neanderthals and modern humans, but their direction matches

the direction expected from NFIX down-regulation along the AMH lineage (18 out of the 22

Marshall-Smith phenotypes, and 8 out of the 9 Malan phenotypes, $P = 6.0 \times 10^{-4}$, binomial test).

In other words, from the Neanderthal, where *NFIX* activity is expected to be highest, through

healthy AMHs, to individuals with *NFIX* haploinsufficiency, phenotypic manifestation matches

the level of *NFIX* activity (Fig. 6b, Extended Data Table 8).

Notably, many cases of laryngeal malformations in the Marshall-Smith syndrome have been

reported. Some of the patients exhibit positional changes to the larynx, changes in its width, and,

more rarely, structural alterations to the arytenoid cartilage – the anchor point of the vocal folds,

which controls their movement[53]. In fact, these laryngeal and facial changes are thought to

underlie some of the limited speech capabilities observed in various patients[41]. This raises the

possibility that *NFIX* down-regulation in AMHs might have driven phenotypic changes in the

larynx too.

SOX9, *ACAN*, *COL2A1*, *XYLT1*, and *NFIX* are active in early stages of osteochondrogenesis,

making the observation of differential methylation in mature bones puzzling at first glance. This

could potentially be explained by two factors: (i) The methylome stabilizes as development

progresses and remains largely unchanged from late development through adulthood. Thus, adult

methylation states often reflect earlier development, and DMRs in adult stages often reflect

DMRs in earlier activity levels[3,17,54]. Therefore, these DMRs might reflect early methylation

changes in mesenchymal progenitors that are carried over to later stages of osteogenesis. Indeed,

the methylation patterns of *NFIX*, *SOX9*, *ACAN*, and *COL2A1* were shown to be established in

early stages of human development and remain stable throughout differentiation from

mesenchymal stem cells to mature osteocytes[55]. It is further supported by the observation that

osteoblasts and chondrocytes show almost identical methylation levels in these DMRs, and are

all as hypermethylated as the adult bone methylation levels we report[56]. We have reconfirmed

this result by measuring methylation in these DMGs in primary human chondrocytes. Finally, we

show that the upstream mesenchymal enhancer of *SOX9*[23] is differentially methylated in AMHs

(Fig. 4b). (ii) Although expression levels of *SOX9*, *ACAN*, and *COL2A1* gradually decrease with

skeletal maturation, these genes were shown to remain active in later developmental stages in the

larynx, vertebrae, limbs, and jaws, including in their osteoblasts[21,57]. Interestingly, these are also

the organs that are most affected by mutations in these genes, implying that their late stages of

activity might still play important roles in morphological patterning[20,38–40]. It was also shown that

facial growth patterns, which shape facial prognathism, differ between archaic and modern

humans not only during early development, but also as late as adolescence[58]. Moreover, the main

differences between human and chimp vocal tracts are established during post-infant years[45].

Although the DMRs we report most likely exist throughout the skeleton, including the larynx,

the evidence we present for the cranium is more direct, as the patterns are observed in modern

human and chimpanzee crania. Importantly, it has been suggested that the 1:1 vocal

conformation could have been entirely driven by cranial, rather than laryngeal, alterations[48].

Once archaic human cranial samples are sequenced, these observations could be more directly

tested.

The results we presented open a window to study the evolution of the human vocal tract and face

from genetic and epigenetic perspectives. Our data suggest shared genetic mechanisms that

shaped these anatomical regions and point to evolutionary events that separate AMHs from the

Neanderthal and Denisovan. The mechanisms leading to such extensive regulatory shifts, as well

as if and to what extent these evolutionary changes affected vocalization and speech capabilities

are still to be determined.

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Author Contributions

626   D.G. planned and conducted analyses. L.C. supervised the computational and experimental

627   work. E.M. supervised experiments. L.A.T, B.Y, D.G. and L.C. conceived statistical analyses.

628   D.G., L.C, and E.M. wrote the manuscript. All other authors contributed to the production of

629   data and wrote their respective parts of the manuscript.

630   Tables and Figures

a *Lineage-specific DMR*

b *Limb-specific DMR*

Figure 1. Variability filtering and lineage assignment. a. Methylation levels across AMH,

Denisovan, Neanderthal, and chimpanzee samples in DMR#278 (chr4:38,014,896-38,016,197).

This is an example of a lineage-specific DMR, defined as a locus in which all samples of a group

are found outside the range of methylation in the other groups. Chimpanzee samples were used

during the following step of lineage assignment. **b.** A putative limb-specific DMR

(chr3:14,339,371-14,339,823) which was removed from the analysis, as it does not comply with

our definition of lineage-specific DMRs. Femur, toe, and finger samples are hypermethylated

compared to other skeletal elements. Toe and finger are found at the bottom range of limb

samples, suggesting some variation in this locus within limb samples too. **c.** A putative sex-

specific DMR (chr3:72,394,336-72,396,901) which was removed from the analysis. Males are

hypermethylated compared to females. **d.** Lineage assignment using chimpanzee samples. Each

bar at the tree leaves represents a sample. Methylation levels are marked with red and green,

representing methylated and unmethylated samples, respectively. Only DMRs that passed the

previous variability filtering steps were analyzed. The lineage where the methylation change has

likely occurred (by parsimony) is marked by a star. Branch lengths are not scaled.

Figure 2. Genes affecting voice and face are the most over-represented within AMH-

derived DMRs. a. The number of DMRs that emerged along each of the human branches.

Divergence times are in thousands of years ago (kya). **b**. Distribution of median distances

(turquoise) of DMRs to randomized single nucleotide changes that separate AMHs from archaic

humans and chimpanzees. Genomic positions of single nucleotide changes were allocated at

random. This was repeated 10,000 times. Red arrow marks the observed distance of DMRs,

showing that they tend to be significantly closer to AMH-derived single nucleotide changes than

expected by chance. This suggests that some of these sequence changes might have driven the

changes in methylation. **c.** A heat map representing the level of enrichment of each anatomical

part within the AMH-derived DMRs. Only body parts that are significantly enriched (FDR <

0.05) are colored. Three skeletal parts are significantly over-represented: the face, pelvis, and

larynx (voice box, marked with arrows). **d.** Enrichment levels of anatomical parts within the

most significant (top quartile, Q statistic) AMH-derived DMRs, showing a more pronounced

enrichment of genes affecting vocal and facial anatomy.

Figure 3. The extent of differential methylation is highest among genes affecting the voice.

a. Within each lineage, the fraction of differentially methylated CpGs was computed as the

number of derived CpGs per 100 kb centered around the middle of each DMR. Genes were

ranked according to the fraction of derived CpG positions within them. Genes affecting the voice

are marked with red lines. AMH-derived DMRs in voice-affecting genes tend to be ranked

significantly higher. Although these genes comprise less than 2% of the genome, three of the top

five AMH-derived DMRs, and all top five skeleton-related AMH-derived DMRs are in genes

that affect the voice. In archaic-derived DMRs and in simulated DMRs, voice-affecting genes do

not show higher ranking compared to the rest of the DMGs. **b.** The fraction of differentially

methylated CpGs along the five chromosomes containing *ACAN*, *SOX9*, *COL2A1*, *XYLT1*, and

NFIX. In each of these chromosomes, the most extensive changes are found within these genes.

All five genes control facial projection and the development of the larynx.

Figure 4. Hypermethylation of *SOX9*, *ACAN*, and *COL2A1* in AMHs. a. Methylation levels in the AMH-derived DMRs in *SOX9*, *ACAN*, and *COL2A1*. AMH samples are marked with red lines, archaic human samples are marked with blue lines and chimpanzee samples are marked with grey lines. The distribution of methylation across 52 AMH samples (450K methylation arrays) is presented in red. b. *SOX9* and its upstream regulatory elements. AMH-derived DMRs are marked with red rectangles. Previously identified putative enhancers are marked with circles. Numbers above skeletal enhancers show the difference in mean bone methylation between

AMHs and archaic humans (top) and between AMHs and chimpanzee (bottom). Across almost

all *SOX9* enhancers, AMHs are hypermethylated compared to archaic humans and the

chimpanzee.

Figure 5. *NFIX* became down-regulated after the split from archaic humans. a. Methylation

levels along *NFIX*, color-coded from green (unmethylated) to red (methylated). Methylation

levels around the two AMH-derived DMRs (#24 and #167) are shown in the zoomed-in panels.

These two DMRs represent the regions where the most significant methylation changes are

observed, but hypermethylation of *NFIX* in AMHs can be seen throughout the entire gene body.

Chimpanzee and present-day samples were smoothed using the same sliding window as in

ancient samples to allow easier comparison. The inferred schematic regulatory evolution of

NFIX is shown using a phylogenetic tree to the left of the top panel. Star marks the shift in

methylation from unmethylated (green) to methylated (red). **b**. Methylation levels in DMRs #167

and #24 vs. expression levels of *NFIX* across 22 AMH tissues (grey). In both DMRs, higher

methylation is significantly associated with lower expression of *NFIX*. Ust'-Ishim, Bone1 and

Bone2 methylation levels (red) are plotted against mean NFIX expression across 13 osteoblast

lines. Neanderthal and Denisovan methylation levels (green) are plotted against the predicted

expression levels, based on the extrapolated regression line (dashed). Standard errors are marked

with dotted lines. The Neanderthal and Denisovan are expected to have higher *NFIX* expression

levels. **c.** Expression levels of *NFIX, COL2A1, ACAN, SOX9* and *XYLT1* in AMHs are reduced

compared to mice. Box plots present 89 human samples (red) and four mouse samples (green)

from appendicular bones (limbs and pelvis). Expression levels were converted to percentiles

based on the level of gene expression compared to the rest of the genome in each sample.

Larynx | Hyoid | Epiglottis | Tongue

Figure 6. *NFIX* down-regulation may underlie modern human-derived traits. a. Vocal

anatomy of chimpanzee and AMH. The vocal tract is the cavity from the lips to the larynx

(marked by dashed lines). In AMHs, the flattening of the face together with the descent of the

larynx led to approximately 1:1 proportions of the horizontal and vertical portions of the vocal

tract. **b**. Craniofacial features of the Neanderthal, healthy AMH, and AMH with Marshall-Smith

or Malan syndromes. Each box shows a phenotype that occurs in the Marshall-Smith/Malan

syndromes (i.e., when *NFIX* is partially or completely inactive). The righthand side of each box

shows the observed phenotypes of individuals with the syndromes (left), healthy AMHs (middle)

and Neanderthals (right). In most phenotypes, the observed phenotypes match the expected

phenotypes based on *NFIX* expression.

Methods

Skeletal Methylation Maps

Previously, our ability to identify differentially methylated regions (DMRs) that discriminate between human groups was confined by three main factors: (i) We had a single DNA methylation map from a present-day human bone, which was produced using a reduced representation bisulfite sequencing (RRBS) protocol, which provides information for only ~10% of CpG positions in the genome. Moreover, the fact that the archaic and present-day methylomes were produced using different technologies – computational reconstruction versus RRBS – potentially introduces a bias. (ii) The analyses included only one bone methylation map from each of the human groups, which limited our ability to identify fixed differences between the groups. Although dozens of maps from additional tissues in present-day humans were included in the analyses, this narrowed the DMRs to represent only human-specific changes that are invariable between tissues. (iii) The work did not include a great ape outgroup. Thus, when a AMH-specific change was identified, it was impossible to determine whether it happened on the AMH lineage, or in the ancestor of Neanderthals and Denisovans[4].

To overcome these obstacles, a major goal of the current study was to significantly extend the span of our skeletal methylome collection, covering as many individuals, sexes, and bone types as we could. This included the generation of many new samples, including the high-coverage sequencing of additional ancient genomes, as listed below.

Present-day human bone DNA methylation maps

We generated full DNA methylation maps from two femur head bones from present-day humans using whole-genome bisulfite sequencing (WGBS). Femora were chosen because of their

abundance in present-day human samples, as well as in ancient DNA samples[5,6,59]. In addition,

we collected 53 publicly available partial skeletal methylation maps.

WGBS of two modern human bones

Sample collection

Trabecular bone tissue from femur heads were taken from two patients with osteoarthritis during

a total hip replacement surgery, and after filling in a consent form as per Helsinki approval

#0178-13-HMO. Importantly, the effects of osteoarthritis processes on trabecular bone are much

less substantial than those on the synovium, cartilage, and subchondral bone. Bone1 was a left

head of femur taken on August 11, 2014 from a 66 years old female and Bone 2 was a right head

of femur taken on September 2, 2014 from a 63 years old female.

DNA Extraction

DNA was extracted from bones using QIAamp® DNA Investigator kit (56504, Qiagen). Bones

were cut to thin slices (0.2-0.5 mm) and then thoroughly washed (X5) with PBS, to clean

samples from blood. Bones were crushed with mortar and pestle in liquid nitrogen, and 100 mg

bone powder was taken to extract DNA according to the protocol "Isolation of Total DNA from

Bones and Teeth" of the DNA Investigator kit.

WGBS

Whole-genome bisulfite sequencing was conducted at the Centre Nacional d'analysis Genomico

(CNAG) as described in[60]. After cell sorting, genomic DNA libraries were constructed using the

Illumina TruSeq Sample Preparation kit (Illumina) following the manufacturer's standard

protocol. DNA was then exposed to two rounds of sodium bisulfite treatment using the EpiTect

Bisulfite kit (QIAGEN), and paired-end DNA sequencing was performed using the Illumina Hi-

Seq 2000. We used the GEM mapper[61] with two modified versions each of the human (GRCh37)

and viral reference genomes: one with all C's changed to T's and another with all G's changed to

A's. Reads were fully converted in silico prior to mapping to the modified reference genomes,

and the original reads were restored after mapping. Although methylation state should not

depend on read position, positional biases have been previously reported[62]. We observed that the

first few bases from each read showed a slightly higher probability of being called as methylated,

and we thus trimmed the first ten bases from each read (M-bias filtering).. Heterozygous

positions, positions with a genotype error probability greater than 0.01, and positions with a read

depth greater than 250 were filtered out. Only cytosines with six or more reads informative for

methylation status were considered. On average, half of the reads from either strand will be

informative for methylation status at a given position, so minimum coverage is typically greater

than 12. Methylated and unmethylated cytosine conversion rates were determined from spiked-in

bacteriophage DNA (fully methylated phage T7 and unmethylated phage lambda). Five samples

were excluded based on conversion rates <0.997, supported by visual inspection of CG and non-

CG methylation plots. The over-conversion rates for all samples based on methylated phage T7

DNA were ~5%.

Sequence quality was evaluated using FastQC software v0.11.2. TRIMMOMATIC v.0-32 was

used to filter low quality bases with the following parameters: -phred33 LEADING:30

TRAILING:30 MAXINFO:70:0.9 MINLEN:70. Paired-end sequencing reads were mapped to

bisulfite converted human (hg19) reference genome using Bismark v0.14.3 and bowtie2 v2.2.4

not allowing multiple alignments and using the following parameters: --bowtie2 --non_bs_mm --

old_flag -p 4. Potential PCR duplicates were removed using Bismark's

deduplicate_bismark_alignment_output.pl Perl program. Bismark's

bismark_methylation_extractor script was used to produce methylation calls with the following

parameters: -p --no_overlap --comprehensive --merge_non_CpG --no_header --bedGraph --

multicore 2 --cytosine_report. Examination of the M-bias plots led us to ignore the first 5 bp of

both reads in human samples (Extended Data Fig. 5). Custom scripts were used to summarize

methylation levels at CpG sites based on the frequencies of methylated and unmethylated

mapped reads on both strands. Methylation data were deposited in NCBI's Gene Expression

Omnibus and are accessible through GEO accession number GSE96833.

Partial skeletal and full non-skeletal DNA Methylation maps of modern humans and

chimpanzees

Osteoblast RRBS map, extracted from the femur, tibia, and rib bones of a 6-year-old female

(NHOst-Osteoblasts by Lonza Pharma, product code: CC-2538, lot number: 6F4124), was

downloaded from GEO accession number GSE27584. 48 450K methylation array maps,

extracted from the femora of adult males and females with osteoarthritis or osteoporosis, were

downloaded from GEO accession number GSE64490. Four 450K methylation array maps,

extracted from unspecified bones of adult males and females were downloaded from GEO

accession number GSE50192. Chimpanzee and human WGBS blood methylation maps were

downloaded from NCBI SRA accession number SRP059313. Chimpanzee and human WGBS

brain maps were downloaded from GEO accession number GSE37202.

Bisulfite-PCR of human bone

Sample collection

A skull of an adult male from India was obtained from the teaching anatomy collection of the

Department of Anatomy and Anthropology at the Sackler Faculty of Medicine, Tel Aviv

University, Israel (Human 1). Additional two skull specimens (Human 2 and 3) were obtained

directly from the operating room of the Department of Neurosurgery, Shaare Zedek Medical

Center, Jerusalem, Israel and transferred on dry ice for further analysis. All study participants

provided informed consent according to an institutional review board – approved protocol

(SZMC 0048-18).

DNA extraction

Human 1: Standard precautions to avoid contamination were taken, including wearing disposable

coats, masks, hair covers and double gloves. All following steps were performed in a UV cabinet

dedicated for the preparation of ancient bone samples and located in a physically separated

ancient DNA laboratory at the Faculty of Dental Medicine. The skull was cleaned with an excess

of 10% bleach (equal to 0.6% Sodium hypochlorite) and then subjected to UV radiation for 30

minutes. The cortical layer on the temporal surface (*facies temporalis*) of the zygomatic bone

(ZB) was removed by low-speed drilling using a Wolf Multitool Combitool Rotary Multi

Purpose Tool equipped with a sterile dental burr. Another sterile burr was used to obtain powder

of the subcortical trabecular bone within the body of the zygoma. The powder was collected onto

a 10 x 10 cm aluminum foil sheet pretreated with a 10% bleach solution and then transferred into

a sterile 1.5 ml Eppendorf tube for subsequent DNA extraction. Altogether, three samples were

obtained: ZB-3 from the right zygoma weighing 20.3 mg, and ZB-3/1 and ZB-3/2 from the left

zygoma weighing 29.5 mg and 30.3 mg, respectively. Bone DNA was purified from the three

bone powder samples using QIAamp DNA Investigator Kit (QIAgen, 56504) according to

manufacturer's instructions.

Human 2 and 3: DNA was extracted from bones using QIAamp® DNA Investigator kit (56504,

Qiagen). Bones were thoroughly washed (X5) with PBS, to clean samples from blood. Bones

were crushed with mortar and pestle in liquid nitrogen, and 100 mg bone powder was taken to

extract DNA according to the protocol "Isolation of Total DNA from Bones and Teeth" of the

DNA Investigator kit.

Bisulfite-PCR

Genomic DNA was bisulfite converted with the EZ DNA Methylation – Lightning Kit (Zymo

Research, D5030) according to the manufacturer's instructions. Specifically, each bone sample

was bisulfite converted using 500ng as genomic DNA input for the conversion.

Bisulfite treated DNA were amplified with the FastStart High Fidelity PCR System (Sigma,

03553400001) using the primers listed in Extended Data Table 12. PCR conditions were

performed according to manufacturer's instructions and PCR products were visualized on a 1.5

% agarose gel. Prior to cloning, PCR products were purified with Gel/PCR DNA Mini Kit (RBC,

YDF100) and quantified with a NanoDrop 2000 spectrophotometer.

Cloning and sequencing

CloneJET PCR Cloning Kit (Thermo Scientific, K1231) was used to clone the purified PCR

products into a pJET1.2/blunt Cloning Vector following the Blunt-End Cloning Protocol

described in the manufacturer's instructions. 5µl of each cloning reaction product were used for

transformation of DH5α Competent Cells (Invitrogen, 18265017). Colonies were grown

overnight on LB plates containing 100µg/ml ampicillin. Positive transformants were picked and

grown overnight in liquid LB medium containing 100 µg/ml ampicillin. Subsequently, plasmid

minipreps were purified with a RBC Miniprep Kit (YPD100) according to manufacturer's

instructions. Purified plasmids were quantified with a NanoDrop 2000 spectrophotometer and

sequenced on an Applied Biosystems 3730xl Genetic Analyzer (Extended Data Fig. 3a,b).

Human primary chondrocyte validation

Primary chondrocyte cultures were obtained from osteoarthritis (OA) donors in accordance with

Hadassah Medical Center Institutional Review Board approval and in accordance with the

Helsinki Declaration of ethical principles for medical research involving human subjects. End-

stage OA patients, with a Kellgren and Lawrence OA severity score of 3-4 were recruited

following receipt of a formal written informed consent (n=8; 75% female, mean age 73±7.2

years; mean body mass index 30.1 ±5.4 kg/m^2). Hyaline articular cartilage was dissected and

human chondrocytes isolated using 3 mg/mL Collagenase Type II (Worthington Cat #

LS004177) in DMEM medium (Sigma-Aldrich, St Louis, MI) containing 10% FCS and 1%

penicillin-streptomycin (Beit-Haemek Kibutz, Israel), 37°C, 24h incubation. Isolated cells were

filtered through a nylon cell strainer (40mm diameter), washed three times with PBS and plated

at 1.5 million cells per 14 cm^2 tissue culture dish (passage 0, passage 2). Cells were cultured in

standard incubation conditions (37°C, 5% CO_2) until confluence. Chondrocyte DNA purification

was performed using GenElute™ Mammalian Genomic DNA Miniprep Kit (Sigma, G1N350).

868   Chimpanzee bone DNA methylation maps

869   Overall, we produced six methylation maps from bones of six common chimpanzee (*Pan*

870   *troglodytes*) individuals. They include one WGBS of a wild chimpanzee, one RRBS of an infant

871   chimpanzee, and four 850K methylation arrays of captive chimpanzees.

872   Ethics Statement

873   Chimpanzee tissue samples included in this study were opportunistically collected at routine

874   necropsy of these animals. No animals were sacrificed for this study, and no living animals were

875   used in this study.

876   WGBS of a chimpanzee bone

877   Sample collection

We used a rib bone of a 47-year-old female Chimpanzee provided from the Biobank of the

Biomedical Primate Research Centre (BPRC), The Netherlands. The postmortem interval was

approximately 10-12 hours. The bone was collected during the necropsy procedure and

immediately frozen and stored at –80 ºC.

DNA extraction

DNA was extracted in a dedicated ancient DNA laboratory at the Institute of Evolutionary

Biology in Barcelona, where no previous work on great apes has ever been conducted. Standard

precautions to avoid and monitor exogenous contamination such as frequent cleaning of bench

surfaces with bleach, use of sterile coveralls, UV irradiation and blank controls were taken

during the process. 200 mg of bone powder were obtained by drilling and the sample was

extracted following the Dabney et al. (2013) method[63]. A final 25 µL of extract volume was used

for genome sequencing.

WGBS

Analysis was performed similarly to Bone1 and Bone2, with the exception that the BSreads were

mapped to bisulfite converted chimpanzee (panTro4) reference genome, and we ignored the first

5bp of read1 and the first 44 bp of read2 in the chimpanzee sample (Extended Data Fig. 6).

Methylation data were deposited in NCBI's Gene Expression Omnibus and are accessible

through GEO accession number GSE96833.

RRBS of a chimpanzee bone

Sample collection

We used two unidentified long bone fragments that belonged to a newborn wild chimpanzee

infant who died during a documented infanticide event at Gombe National Park on 9 March

2012. The infant was known to be the offspring of a chimpanzee called Eliza and was partially

eaten by an adult female and her family. The sample was collected from the ground about 48

hours after the infant's death and stored in RNAlater solution until arrival at Arizona State

University (ASU). At ASU the sample was stored at 4°C until extraction.

DNA Extraction

Sampling and DNA extractions were conducted at the ASU Ancient DNA Laboratory, a Class

10,000 clean-room facility in a separate building from the Molecular Anthropology Laboratory.

Precautions taken to avoid contamination included bleach decontamination and UV irradiation of

tools and work area before and between uses, and use of full body coverings for all researchers.

The bone samples were pulverized together in December 2012 using a SPEX CertiPrep Freezer

Mill. Three DNA extractions were conducted using 50-100 mg of bone powder (Extended Data

Table 9) and following the extraction protocol by Rohland and Hofreiter[64]. Two extraction blank

controls were included to monitor contamination of the extraction process. One µL each of the

sample extract and the blank control were used for fluorometric quantification with the Qubit 2.0

Broad Range assay. All extracts were combined for a total volume of 345 µL and approximately

0.652 µg of total DNA.

RRBS

RRBS libraries were generated according to Boyle *et al.*[65]. 100-200 ng genomic DNA was

digested with MspI. Subsequently, the digested DNA fragments were end-repaired and

adenylated in the same reaction. After ligation with methylated adapters, samples with different

adapters were pooled together and were subjected to bisulfite conversion using the EpiTect

Bisulfite kit (QIAGen) per the manufacturer's recommendations with the following

modification: after first bisulfite conversion, the converted DNA was treated with sodium

bisulfite again to guarantee that conversion rates were no less than 99%. Two third of bisulfite

converted DNA was PCR amplified and final RRBS libraries were sequenced in an Illumina

HiSeq 2000 sequencer (Extended Data Table 10). Methylation data were deposited in NCBI's

Gene Expression Omnibus and are accessible through GEO accession number GSE96833.

850K DNA methylation arrays

Sample collection

Four chimpanzee cadavers from captive colonies at the Southwest National Primate Research

Center in Texas were used. Femora were opportunistically collected at routine necropsy of these

animals and stored in -20°C freezers at the Texas Biomedical Research Institute after dissection.

These preparation and storage conditions ensured the preservation of skeletal DNA methylation

patterns.

DNA extraction

Samples were then transported to ASU and DNA was extracted from the femoral trabecular bone

using a phenol-chloroform protocol optimized for skeletal tissues [66]. From the distal femoral

condyles, trabecular bone was collected using coring devices and pulverized into bone dust using

a SPEX SamplePrep Freezer/Mill. Specifically, bone cores were obtained from a transverse

plane through the center of the medial condyle on the right distal femur, such that the articular

surface remained preserved. Cortical bone was removed from these cores using a Dremel

(Extended Data Table 11). Tissue collections were performed at the Texas Biomedical Research

Institute, and DNA extractions were conducted at the ASU Molecular Anthropology Laboratory.

Genome-Wide DNA Methylation Profiling

Genome-wide DNA methylation was assessed using Illumina Infinium MethylationEPIC

microarrays. These arrays analyze the methylation status of over 850,000 sites throughout the

genome, covering over 90% of the sites on the Infinium HumanMethylation450 BeadChip as

well as an additional 350,000 sites within enhancer regions. For each sample, 400 ng of genomic

DNA was bisulfite converted using the EZ DNA Methylation™ Gold Kit according to the

manufacturer's instructions (Zymo Research), with modifications described in the Infinium

Methylation Assay Protocol. These protocols were conducted at the ASU Molecular

Anthropology Laboratory. Following manufacturer guidelines (Illumina), this processed DNA

was then whole-genome amplified, enzymatically fragmented, hybridized to the arrays, and

imaged using the Illumina iScan system. These protocols were conducted at the Texas

Biomedical Research Institute. These array data have been deposited in NCBI's Gene Expression

Omnibus and are accessible through GEO Series accession number GSE94677.

Methylation Data Processing

Raw fluorescent data were normalized to account for the noise inherent within and between the

arrays themselves. Specifically, we performed a normal-exponential out-of-band (Noob)

background correction method with dye-bias normalization to adjust for background

fluorescence and dye-based biases and followed this with a between-array normalization method

(functional normalization) which removes unwanted variation by regressing out variability

explained by the control probes present on the array as implemented in the minfi package in R [67]

which is part of the Bioconductor project. This method has been found to outperform other

existing approaches for studies that compare conditions with known large-scale differences [67],

such as those assessed in this study.

After normalization, methylation values (β values) for each site were calculated as the ratio of

methylated probe signal intensity to the sum of both methylated and unmethylated probe signal

intensities. These β values range from 0 to 1 and represent the average methylation levels at each

site across the entire population of cells from which DNA was extracted (0 = completely

unmethylated sites, 1 = fully methylated sites).

971
$$\beta \text{ Value}= \frac{\text{Methylated Signal}}{(\text{Methylated Signal}+\text{Unmethylated Signal})}$$

Every β value in the Infinium platform is accompanied by a detection p-value, and those with

failed detection levels (p-value > 0.05) in greater than 10% of samples were removed from

downstream analyses.

The probes on the arrays were designed to specifically hybridize with human DNA, so our use of

chimpanzee DNA required that probes non-specific to the chimpanzee genome, which could

produce biased methylation measurements, be computationally filtered out and excluded from

downstream analyses. This was accomplished using methods modified from [68]. Briefly, we used

blastn to map the 866,837 50bp probes onto the chimpanzee genome (Assembly: Pan_tro_3.0,

Accession: GCF_000001515.7) using an e-value threshold of e^{-10}. We only retained probes that

successfully mapped to the genome, had only 1 unique BLAST hit, targeted CpG sites, had 0

mismatches in 5bp closest to and including the CpG site, and had 0-2 mismatches in 45bp not

including the CpG site. This filtering retained 622,819 probes.

Additionally, β values associated with cross-reactive probes, probes containing SNPs at the CpG

site (either human or chimp), probes detecting SNP information, probes detecting methylation at

non-CpG sites, and probes targeting sites within the sex chromosomes were removed using the

minfi package in R [67]. This filtering retained a final set of 576,505 probes.

Bisulfite-PCR of chimpanzee cranial bones

Sample collection

Postmortem frontal skull bones from two different chimpanzees (chimpanzee 1 and chimpanzee

2) were provided by the Biomedical Primate Research Centre (BPRC, The Netherlands). Bones

were opportunistically collected during routine necropsy of these animals and stored at -80°C.

Chimpanzee 3 and chimpanzee 4 samples were obtained from the chimpanzee cranial collection

in the Department of Paleoanthropology in the Senckenberg Research Institute Frankfurt (DPSF)

and Natural History Museum Frankfurt [69]. These two chimpanzee specimens are owned by the

Justus Liebig University Gießen.

DNA extraction

Chimpanzee 1 and chimpanzee 2

For each sample, bone powder was obtained by crushing the bones with mortar and pestle.

Approximately 100mg bone powder were used to extract DNA using the QIAamp DNA

Investigator Kit (Qiagen) following manufacturer's instructions.

Chimpanzee 3 and chimpanzee 4

Cochlear bone powder was obtained by accessing the petrous bone from the cranial base[70]. DNA

was extracted from about 50 mg of powder according to the protocol described by[63], but adapted

for the use of High Pure Nucleic Acid Large Volume columns (Roche) instead of the Zymo-Spin

V column (Zymo Research) MinElute silica spin column (Qiagen) combination.

Bisulfite-PCR

Genomic DNA was bisulfite converted with the EZ DNA Methylation – Lightning Kit (Zymo

Research, D5030) according to the manufacturer's instructions. Specifically, each bone sample

was bisulfite converted two times in parallel using 500ng as genomic DNA input for the

conversion.

3μl of bisulfite treated DNA were amplified with the FastStart High Fidelity PCR System

(Sigma, 03553400001) using the primers listed in Extended Data Table 12. PCR conditions were

performed according to manufacturer's instructions and PCR products were visualized on a 1.5

% agarose gel. Prior to cloning, PCR products were purified with homemade SPRI beads

(chimpanzee 1 and 2) and Gel/PCR DNA Mini Kit (RBC, YDF100, chimpanzee 3 and 4), and

quantified with a NanoDrop 2000 spectrophotometer.

Cloning and sequencing

CloneJET PCR Cloning Kit (Thermo Scientific, K1231) was used to clone the purified PCR

products into a pJET1.2/blunt Cloning Vector following the Blunt-End Cloning Protocol

described in the manufacturer's instructions. 3µl (chimpanzee 1 and 2) and 3µl (chimpanzee 3

and 4) of each cloning reaction product were used for transformation of DH5α Competent Cells

(Invitrogen, 18265017). Colonies were grown overnight on LB plates containing 100µg/ml

ampicillin. Positive transformants were picked and grown overnight in liquid LB medium

containing 100 µg/ml ampicillin. Subsequently, plasmid minipreps were purified with a QIAprep

Miniprep Kit (Qiagen, chimpanzee 1 and 2), and RBC Miniprep Kit (YPD100, chimpanzee 3

and 4) according to manufacturer's instructions. Purified plasmids were quantified with a

NanoDrop 2000 spectrophotometer and sequenced on an Applied Biosystems 3730xl Genetic

Analyzer (Extended Data Fig. 3a,b).

Reconstructing ancient DNA methylation maps

La Braña 1 genome sequencing

In a dedicated clean room at Harvard Medical School, powder was extracted from the root of a

lower third molar of the Mesolithic La Braña 1 individual (5983-5747 calBCE (6980±50 BP,

Beta-226472)), from which a non-UDG-treated library was previously sequenced to 3.5x

coverage[8]. Two UDG-treated libraries from the same individual were later generated and

enriched for approximately 1.2 million single targeted polymorphisms and sequenced to an

average of 19.5x coverage at these positions [9]. In this study, we carried out shotgun sequencing

of one of the same UDG-treated libraries from this individual on a NextSeq500 instrument using

2 x 76bp paired end sequences [71]. Following the mapping protocol described previously [9], we

trimmed adapter sequences, only processed read pairs whose ends overlapped by at least 15 bp

(allowing for one mismatch) so that we could confidently merge them, and then mapped to the

human reference sequence hg19 using the command samse in BWA (v0.6.1). We removed

duplicated sequences by identifying sequences with the same start and stop position and

orientation in the alignment, and picking the highest quality one. After restricting to sequences

with a map quality of MAPQ $\geq$ 10, and sites with a minimum sequencing quality ($\geq$20), we had

an average coverage measured at the same set of approximately 1.2 million single nucleotide

polymorphism targets of 23.0x. This data is available under GEO accession number: GSE96833,

with raw reads deposited under SRA accession number: SRX3194436.

I1583 Genome sequencing

In a dedicated clean room at the University College Dublin, powder was extracted from the

cochlear portion of the petrous bone of individual I1583 (archaeological ID L14-200) from the

site of Barcın Höyük in the Yenişehir Plain of the Marmara Region of Northwest Turkey. The

Neolithic individual came from a community that practiced farming, and was anthropologically

determined to be a male aged 6-10 years at the time of death (the sex was confirmed genetically).

The direct radiocarbon date was 6426-6236 calBCE (7460±50 BP, Poz-82231). In a dedicated

clean room at Harvard Medical School, a UDG-treated library was prepared from this powder,

which was previously enriched for about 1.2 million SNP targets, sequenced to 13.5x average

coverage, and published in [9]. We shotgun sequenced the same library on nine lanes of a

HiSeqX10 sequencing with 100bp paired reads. On data processing, we merged overlapping read

pairs, trimmed Illumina sequencing adapters, and dropped read pairs that did not have sample

barcodes (up to 1 mismatch) or cannot be unambiguously merged. We then aligned merged reads

with BWA against human reference genome GRCh37 (hg19) plus decoy sequences, and

combined all nine lanes of data and removed duplicate molecules, achieving an average of 24.3x

coverage evaluated on the 1.2 million targets. This data is available under GEO accession

number: GSE96833, with raw reads deposited under SRA accession number: SRX3194436.

The reconstruction procedure

Reconstruction of DNA methylation maps was performed on the genomes of the following

individuals: Ust'-Ishim[6], Loschbour[7], Stuttgart[7], La Braña 1, I1583, and the Vindija

Neanderthal[5], as well as on the previously published Altai Neanderthal and the Denisovan

(Extended Data Table 1). The Vindija Neanderthal reads were downloaded from the Max Planck

Institute for Evolutionary Anthropology website:

http://cdna.eva.mpg.de/neandertal/Vindija/bam/. Only the UDG-treated portion of the genome

(B8744) was used. Additional UDG-treated ancient human full genomes have been published to

date; however, these were sequenced to a relatively low coverage (<5x), and thus, only crude

methylation maps could be reconstructed from them. C→T ratio was computed for every CpG

position along the hg19 (GRCh37) human genome assembly, for each of the samples, as

previously described[4].

In order to exclude from the analyses positions that potentially represent pre-mortem C→T

mutations rather than post-mortem deamination, the following filters were applied: (i) Positions

where the sum of A and G reads was greater than the sum of C and T reads were excluded. (ii)

For genomes that were produced using single-stranded libraries (i.e., Ust'-Ishim, Altai

Neanderthal, Denisovan, Vindija Neanderthal and ~1/3 of the Loschbour library), positions

where the G→A ratio on the opposite strand was greater than 1/(average single strand coverage)

were excluded. This fraction represents a threshold of one sequencing error allowed per position.

For Loschbour, this was performed only on the fraction of reads that came from the single

stranded library. (iii) For all genomes, positions with a C$\rightarrow$T ratio > 0.25 were discarded. For the

Vindija Neanderthal, this threshold was raised to 0.5, due to its relatively low coverage (~7x).

(iv) Finally, a maximum coverage threshold of 100 reads was used to filter out regions that are

suspected to be PCR duplicates.

In all genomes, excluding Vindija, a fixed sliding window of 25 CpGs was used for smoothing of

the C$\rightarrow$T ratio. This allowed for an unbiased scanning of differentially methylated regions

(DMRs) that is not affected by the size of the window. Due to its relatively low coverage, we

extended the sliding window used on the Vindija genome to 50 CpGs. This extended window is

not expected to introduce a bias, as this genome was not used for DMR detection, but only for

subsequent filtering that was applied equally to all genomes (see later).

As previously described, C$\rightarrow$T ratio was translated to methylation percentage using linear

transformation determined from two points: zero C$\rightarrow$T ratio was set to the value 0%

methylation, and mean C$\rightarrow$T ratio in completely methylated (100% methylation) CpG positions

in modern human bone reference (hereinafter μ_{100}) was set to the value 100% methylation.

Positions where C$\rightarrow$T ratio > μ_{100} were set to 100% methylation. For genomes that were

extracted from bones, the modern Bone 2 WGBS map, which is the one with the higher coverage

between the two WGBS modern bone maps, was used to determine μ_{100}. For genomes that were

extracted from teeth, there was no available modern reference methylation map, and therefore,

we transformed the C$\rightarrow$T ratio into methylation percentage based on the assumption that the

genome-wide mean methylation is similar to bone tissue. Thus, the genome-wide mean C$\rightarrow$T

ratio represents 75% methylation, which is the genome-wide mean of measured methylation in

the Bone 2 reference map. This was accomplished by setting μ_{100} to 1.33 x mean genome-wide

C→T ratio.

DMR detection

1110 The DMR detection algorithm is comprised of five main steps. We hereby provide an overview

1111 of the algorithm followed by a detailed description of each step. The overall goal of this pipeline

1112 is to detect differential methylation, assign it to the lineage on which it arose and filter out

1113 within-lineage variation.

Overview

Step 1: Two-way comparisons. To avoid artifacts that could potentially be introduced by

comparing DNA methylation maps that were produced using different technologies, our core

analysis relied on the comparison of the three reconstructed maps of the Altai Neanderthal,

Denisovan, and Ust'-Ishim. Each of the samples was compared to the other two in a pair-wise

manner, as a raw C→T ratio map against a reconstructed methylation map, and vice versa. This

reciprocal comparison insured that the reconstruction process does not introduce biases to one of

the groups. The minimum methylation difference threshold was set to 50%, spanning >50 CpGs.

Step 2: Three-way comparisons. This step classifies to which of the three hominins the DMR

should be attributed. This step is done by overlapping the three lists of DMRs found in Step 1.

For example, a DMR that is detected between the Neanderthal and Ust'-Ishim and also between

the Denisovan and Ust'-Ishim is considered specific to Ust'-Ishim.

Step 3: FDR filtering. Various factors could introduce noise to the reconstruction process,

including the stochasticity of the deamination process, the use of a sliding window, and

variations in read depth within a sample. We ran simulations that mimic the post-mortem

degradation processes of ancient DNA, then reconstructed methylation maps from the simulated

deamination maps and finally compared them to the original map and identified DMRs. Any

differences in methylation levels between the simulated map and the original reference map stem

from noise. Thus, running the same DMR-detection algorithm on the simulated map vs. the

reference map, enables an estimation of the false discovery rate. We set the DMR-detection

thresholds so that FDR < 0.05.

Step 4: Lineage assignment. The chimpanzee methylation maps were used to polarize the DMRs.

For each DMR, methylation levels in the chimpanzee were compared to those of the three

hominin groups. For example, if methylation levels in the chimpanzee samples clustered with the

archaic humans, the DMR was assigned to the AMH lineage.

Step 5: Within-lineage variability filtering. To determine whether a DMR represents an

individual within a group, or is shared by the entire group, we used a total of 67 AMH, archaic

and chimpanzee methylation maps. We used a conservative approach where DMRs in which

methylation levels in one group overlap (even partially) the methylation levels in another group

were discarded. As 59 out of the 67 maps belong to AMHs, our ability to filter out variation

within this group was better, resulting in fewer DMRs along this lineage. Several various

measures were used to ascertain that a DMR along a lineage does not represent a sex-, bone-,

age-, technology or disease-specific DMR.

DMR-detection algorithm

We developed an algorithm specifically designed to identify DMRs between a deamination map

and a full methylome reference. Let i enumerate the CpG positions in the genome. In the

deamination map, let t_i be the number of T's at the C position + the number of A's in the

opposite strand at the G position, i.e., it counts the total number of T's that appear in a position

that is originally C, in the context of a CpG dinucleotide. We similarly use c_i to count the total

number of C's that appear in a position that is originally C, in the context of a CpG dinucleotide.

The C→T ratio is defined as t_i/n_i, where $n_i = c_i + t_i$. Let φ_i and ψ_i (both between zero and

one) be the methylation of this position in the reference genome and in the reconstructed one,

respectively. If we denote by π the deamination rate, assumed to be constant throughout the

genome, and if we assume that deamination of C into T is a binomial process with probability of

success $\pi\psi_i$, we get

$$t_i \sim B(n_i, \pi\psi_i). \tag{1}$$

Our null hypothesis is that the ith CpG is not part of a DMR, namely that $\psi_i = \varphi_i$. The

alternative hypothesis states that this CpG is part of a DMR. The definition of this statement is

that $|\psi_i - \varphi_i| \geq \Delta$, where Δ is some pre-specified threshold. In other words, under the

alternative hypothesis we get that $\psi_i \geq \varphi_i + \Delta$ if the site has low methylation in the reference

genome, and $\psi_i \leq \varphi_i - \Delta$ if it has high methylation in the reference genome.

Per-site statistic

Let us start with the first option, testing whether $\psi_i \geq \varphi_i + \Delta$ when φ_i is low. A log-likelihood-

ratio statistic would be

1167
$$\ell_i^+ = \ln\frac{\Pr(t_i|n_i, \pi(\varphi_i + \Delta))}{\Pr(t_i|n_i, \pi\phi_i)} = t_i\left[\ln\left(1 + \frac{\Delta}{\varphi_i}\right) - \ln\frac{1 - \pi(\varphi_i + \Delta)}{1 - \pi\varphi_i}\right] + n_i \ln\frac{1 - \pi(\varphi_i + \Delta)}{1 - \pi\varphi_i}.$$

1168   Similarly, we can test whether $\psi_i \leq \varphi_i - \Delta$ when φ_i is high using the log-likelihood-ratio

1169   statistic

1170
$$\ell_i^- = \ln\frac{\Pr(t_i|n_i, \pi(\varphi_i - \Delta))}{\Pr(t_i|n_i, \pi\phi_i)} = t_i\left[\ln\left(1 - \frac{\Delta}{\varphi_i}\right) - \ln\frac{1 - \pi(\varphi_i - \Delta)}{1 - \pi\varphi_i}\right] + n_i \ln\frac{1 - \pi(\varphi_i - \Delta)}{1 - \pi\varphi_i}.$$

We used the value $\Delta = 0.5$ for all samples. The value of π, the deamination rate, was estimated

using the overall C→T ratio in CpG positions whose methylation level is 1 in the modern human

Bone 2 WGBS methylation map, after exclusion of putative pre-mortem substitutions, as

described in the "the reconstruction procedure" section (Extended Data Table 1).

Detecting DMRs

The statistics ℓ_i^+ and ℓ_i^- quantify how strongly the estimated methylation in position i deviates

from φ_i. Next, we use these values to identify DMRs using the cumulative-sum procedure

explained below. The process is repeated twice: on the statistic ℓ_i^+ to identify DMRs where the

sample has elevated methylation with respect to the reference, and on the statistic ℓ_i^- to identify

DMRs where the sample has reduced methylation with respect to the reference.

For convenience, we explain the cumulative-sum procedure in the context of ℓ_i^+, but an

essentially identical procedure is used for ℓ_i^-. We define a new vector Q^+ by the recursion

$$Q_0^+ = 0, \quad Q_i^+ = \max(Q_{i-1}^+ + \ell_i^+, 0).$$

Under the null hypothesis, ℓ_i^+ has a negative expectation which produces a negative drift that

keeps Q^+ at zero, or close to zero, levels. Under the alternative hypothesis the expectation is

positive, hence the drift over a DMR is positive, leading to an elevation in the values of Q^+.

Therefore, our next step is to find all intervals $[a, b]$ such that $Q_{a-1}^+ = 0$, $Q_{b+1}^+ = 0$, and $Q_i^+ > 0$

for $a \leq i \leq b$. Let Q_m^+ be the maximum value of Q^+ in this interval, where m is the position of

the maximum. Then, the interval $[a, m]$ would be called a putative DMR.

The statistics ℓ_i^+ and ℓ_i^- are affected by the number of observed cytosine reads, and thus have

higher power to detect hypermethylation (i.e., larger number of cytosine reads) vs.

hypomethylation (Extended Data Fig. 2).

Filtering DMRs

Of course, Q^+ may increase locally due to randomness, and thus a putative DMR may not reflect

a true DMR. To filter out such intervals, we used two strategies. First, we applied a set of filters

to assure that the putative DMRs have reasonable biological properties. Second, we cleaned the

remaining putative DMRs by applying a false discovery rate (FDR) procedure. In the first

strategy, we applied two filters: (i) Putative DMRs that harbor less than 50 CpG positions, thus

are shorter than twice the smoothing window size, were removed. (ii) To avoid situations where

two consecutive CpG sites whose genomic locations are remote appear on the same DMR, we

modify the vector Q_i^+ as follows. Let $d_{i,j}$ be the distance along the genome (in nucleotides)

between CpG sites i and j. Then, for every site i such that $d_{i,i-1} > \delta$ we set $Q_i^+ = 0$. We used

$\delta = 1000$ nt for all samples.

To further remove putative DMRs that are unlikely to reflect true DMRs, we eliminated all

DMRs where $Q_m^+ < Q_T^+$. Here, Q_m^+ is the maximum value of Q^+ in the interval as defined earlier,

and Q_T^+ is a threshold determined using a false discovery rate (FDR) procedure, see section

"filtering out noise" below.

Testing the algorithm

To verify that the approach above results in a low number of false positives, we applied the

procedure to deamination maps, when compared to themselves in the form of reconstructed

methylomes. As expected, we obtained a negligible number of DMRs, ranging between 0.4%

and 1% of the number of DMRs detected between the humans.

Two-way DMR detection

In order to avoid artifacts that could potentially be introduced by comparing DNA methylation

maps that were produced using different technologies, our core analysis relied on the comparison

of the three reconstructed maps of the Altai Neanderthal, Denisovan, and Ust'-Ishim. These are

all high-resolution maps that were derived from genomes sequenced to high coverage (Extended

Data Table 1). In particular, the Ust'-Ishim methylome is of exceptional quality due to its high

coverage and deamination rate (Extended Data Table 1). Also, going through the same post-

mortem degradation processes, the Ust'-Ishim cellular composition is likely to be similar to that

of the Neanderthal and Denisovan.

In order for a deamination map to serve as a reference in the comparison, we have transformed

its C$\rightarrow$T ratio values into methylation values (see "the reconstruction procedure" section above).

To remove potential bias that could be introduced through the comparison of a reconstructed

methylation map to a deamination map, we ran each two-way comparison twice: once with the

methylation map of sample 1 against the deamination map of sample 2, and once with the

deamination map of sample 1 against the methylation map of sample 2 (Extended Data Fig. 1).

Therefore, the comparison of three genomes required a total of six two-way comparisons: Ust'-

Ishim versus an Altai Neanderthal reference, Ust'-Ishim versus a Denisovan reference, Altai

Neanderthal versus an Ust'-Ishim reference, Altai Neanderthal versus a Denisovan reference,

Denisovan versus Ust'-Ishim reference, and Denisovan versus Altai Neanderthal reference.

Because the DNA of these three individuals was extracted from both sexes, the DMR-detection

algorithm was only applied to autosomes.

Three-way DMR detection

In order to identify DMRs where one group of humans (hereinafter, hominin 1) differs from the

other two human groups (hereinafter, hominin 2 and hominin 3), we set out to find those DMRs

that were detected both between hominin 1 and 2, and between hominin 1 and 3. To this end, we

compare the two lists (hominin 1 vs. hominin 2 and hominin 1 vs. hominin 3) and look for

overlapping DMRs, as previously described[4]. An overlapping DMR exists when a DMR from

one list partially (or fully) overlaps a DMR from the second list. Only the overlapping portion of

the two DMRs from the two-lists was taken.

Filtering out noise

There are different factors that potentially introduce noise into the reconstruction process. These

include the stochasticity of the deamination process, the use of a sliding window to smooth the

C→T signal, and variations in read depth. In order to account for these factors and estimate noise

levels, we ran simulations that mimic the post-mortem degradation processes of ancient DNA,

then reconstructed methylation maps from the simulated deamination maps and finally compared

them to the original map and identified DMRs.

The simulation process starts with a methylation map, where the measured or reconstructed

methylation at position i is ψ_i and is assumed the true methylation. Given that n_i is the coverage

at this position, we use the binomial distribution (1) to randomly draw t_i – the number of C's that

had become T's through deamination. The resulting t_i's were then used to compute the C→T

ratios for each position, smoothed and filtered using the same sliding window and thresholds

used in the original analysis, and linearly transformed to methylation percentages as explained

above (hereinafter, simulated methylation map, Extended Data Fig. 4a). Any differences in

methylation levels between the simulated map and the original reference map stem from noise.

Thus, running the same DMR-detection algorithm described above on the simulated map vs. the

reference map, enables an estimation of the false discovery rate. We ran these simulations 100

times for each of the three genomes (Altai Neanderthal, Denisovan, Ust'-Ishim) and determined

the values of the Q_T^+ and Q_T^- thresholds (see section "filtering DMRs" above) such that the mean

number of DMRs that are detected in the simulations is < 0.05 the number of real DMRs

detected (i.e., FDR < 0.05).

DMRs separating chimpanzees and humans

To identify DMRs that separate chimpanzees from all human groups (both modern and archaic),

we first compared the chimpanzee WGBS bone methylome to each of two present-day WGBS

maps (those of Bone1 and Bone2). This was done by scanning the chimpanzee map using a

sliding window of 25 CpGs, in intervals of one CpG position. In each window, we counted the

number of methylated and unmethylated reads in each sample, and computed a P-value using

Fisher's Exact test. We then computed FDR-adjusted P-values for each window, and discarded

windows with FDR > 0.05 or where the mean methylation difference (Δ) was below 0.5. We

then merged overlapping windows. This left 8,040 DMRs between the chimpanzee and Bone1,

and 12,666 DMRs between the chimpanzee and Bone2. Next, we intersected the two lists to

identify DMRs where the chimpanzee differs from the both present-day samples. This left 6,417

DMRs. Lastly, we compared the chimpanzee methylation levels to all other human samples

(modern and archaic) and filtered out DMRs where the chimpanzee is found within the range of

methylation levels observed in humans. To do so, we followed the procedure described in the

"Removing DMRs with high within-group variability" section below. This resulted in 2,031

DMRs that separate chimpanzees and humans.

Determining the lineages where DMRs originated

DMRs where Ust'-Ishim differs from the Neanderthal and the Denisovan could either arose on

the AMH branch, or in the ancestor of Neanderthals and Denisovans. In order to allocate the

DMRs to the branch in which the change occurred, we used the chimpanzee DNA methylation

data.

First, we used the chimpanzee bone WGBS map. We defined the distance of a DMR in hominin

H to chimpanzee as the mean absolute difference in methylation, $d_{H,C} = \sum_{i \in DMR} |\psi_i^H - \psi_i^C|$.

Here, ψ_i^H is the reconstructed methylation at the i'th CpG in hominin H, and ψ_i^C is the measured

methylation in the same site in the chimpanzee. For Ust'-Ishim-specific DMRs, we used the

following procedure: (i) If both archaic humans were closer to the chimpanzee, the DMR was

placed on the AMH branch. (ii) If Ust'-Ishim was closer than both archaic humans to the

chimpanzee, the DMR was placed on the branch of the ancestor of Neanderthals and Denisovans.

(iii) Otherwise, the DMR was discarded. Out of 5,111 Ust'-Ishim-specific DMRs, we could place

1,729 DMRs on the AMH branch and 1,255 on the branch of the ancestor of Neanderthals and

Denisovans. 1,807 Ust'-Ishim-specific DMRs were discarded due to inconclusive lineage

assignment, and 320 had no data in the chimpanzee WGBS map. For Neanderthal-specific

DMRs, we discarded all DMRs where Ust'-Ishim and the Denisovan were not found to be closer

to the chimpanzee than the Neanderthal. Out of 3,107 Neanderthal-specific DMRs, 693 were

placed on the Neanderthal branch, 2,202 were deemed inconclusive and were discarded, and 212

had no data in the chimpanzee WGBS map. Similarly, we discarded Denisovan-specific DMRs

where Ust'-Ishim and Altai Neanderthal were not found to be closer to the chimpanzee than the

Denisovan. Out of 1,461 Denisovan-specific DMRs, 499 were placed on the Denisovan branch,

855 were deemed inconclusive, and for 107 we had no data in the chimpanzee WGBS map.

We next developed a second, stricter, scheme by also using the chimp 850K DNA methylation

arrays datasets. As the probes cover just part of the CpGs in a DMR, we need to adjust the DMR

methylation level in order to allow a meaningful comparison of 850K methylation data to full

methylation maps. If we mark by j the CpGs in a DMR that are covered by 850K methylation

array (which is a subset of all the CpGs in this DMR), and mark their total number by $J =$

$\sum_{j \in DMR} 1$, then the methylation in the DMR as measured by the array is $m = 1/J \cdot$

$\sum_{j \in DMR} \psi_j^{\text{array}}$, where ψ_j^{array} is the methylation level measured at position j in the array. Let

$m_I = \sum_{i \in DMR} \psi_i^{\text{WGBS}}$ be the methylation of this DMR as computed from the full methylation

map, where ψ_i^{WGBS} is the methylation level measured at position i in the full map. Let $m_J =$

$\sum_{j \in DMR} \psi_j^{\text{WGBS}}$ be the methylation as computed from the full methylation map when limited only

to positions j. Then, we correct the array methylation value m to:

$$m' = \min\left(m \cdot \frac{m_I}{m_J}, 1\right). \tag{2}$$

This procedure was applied to DMRs covered by at least one probe (~65% of DMRs). For the

remaining ~35% of DMRs, we only used the WGBS chimpanzee methylome. This approach was

used in parallel with filtering DMRs using the modern human 450K arrays (Extended Data Fig.

1, see next section).

There are pros and cons to each of these approaches. Using more chimpanzee datasets allow for

more informative process. However, 850K methylation array probes are distributed unevenly

across the genome. Although most DMRs are covered by at least one probe (mean number of

probes per DMR: 1.7, median: 1, maximum: 64), many are nonetheless not covered. AMH

On one hand, lineage assignment of DMRs for which we have array data is more robust and less

prone to misclassification. On the other hand, DMRs with array data are more likely to be

filtered out, as there is more power to detect variability. This could potentially alter the genomic

distribution of DMRs. Therefore, we use both approaches throughout the paper. In analyses

where it is important to maintain an unbiased distribution of DMRs we only use the chimpanzee

WGBS map for polarization, and AMH bone WGBS maps for filtering (see next chapter),

whereas in analyses where it is more important to minimize variability, or where we look at

specific DMRs, we use the stricter approach. The chimpanzee RRBS data was adjusted using the

same technique. However, it was not used for lineage assignment, but rather only as a source for

additional information on DMRs. This is because this protocol particularly targets unmethylated

CpGs, and is therefore too biased for lineage assignment.

Removing DMRs with high within-group variability

Our three-way DMR detection algorithm above produces a list of DMRs where one of the three

hominins (Ust'-Ishim, Altai Neanderthal or Denisovan) is significantly different from the other

two. However, such DMRs could stem from variability within any of the groups, and in such

cases cannot be regarded as truly differentiating between the human groups. Some variability

may be removed during the process described above, in "Determining the lineages where DMRs

originate", but even DMRs whose origin can be assigned to a particular lineage do not

necessarily represent fixed methylation changes. To filter out regions that are variable within any

of the human groups, or across all of them, we used two approaches. First, we used the two

modern human WGBS maps, and the I1583 reconstructed skull methylation map. DMRs where

the Neanderthal or Denisovan methylation levels were found within the range of modern human

methylation (i.e., Ust'-Ishim, the two WGBS maps and I1583) were discarded. This left 1,530

out of 1,729 Ust'-Ishim-derived DMRs (hereinafter, full AMH-derived DMRs), 1,230 out of

1,255 DMRs where the Neanderthal and Denisovan are both derived, 692 out of 693 full

Neanderthal-derived DMRs, and 496 out of 499 Denisovan-derived DMRs.

The second approach adds to this the 52 450K methylation array samples, as well as the three

reconstructed methylation maps from teeth (i.e., Loschbour, Stuttgart and La Braña 1). As

described above, using also methylation probes for filtering DMRs provides more power, but can

also introduce biases. Thus, this filtering was used for most analyses, except those where

unbiased genomic distribution of DMRs is critical. Probe methylation data was corrected as

described in equation (2). Within AMH- and archaic-derived DMRs, a DMR was deemed fixed

if the Neanderthal and the Denisovan methylation levels both fell outside the range of

methylation across all modern human samples (reconstructed, WGBS and 450K maps).

Similarly, within Neanderthal- and Denisovan-derived DMRs, a DMR was deemed fixed if the

respective hominin fell outside the range of methylation across all modern human samples and

the other archaic hominin. This approach yielded 873 AMH-derived DMRs (hereinafter referred

to as AMH-derived DMRs), 939 archaic-derived DMRs, 570 Neanderthal-derived DMRs, and

443 Denisovan-derived DMRs.

The limited number of archaic human methylation maps introduces asymmetry in our ability to

determine the level of fixation of DMRs along different lineages. Whereas we used dozens of

AMH skeletal samples, we have just a few archaic samples. This provides us with the ability to

better estimate the distribution of methylation values within each DMR in AMH, and thus to

determine how significantly methylation values in other samples deviate from it. To enhance our

ability to estimate variability within archaic human lineages, we added to the analysis the

reconstructed methylation map of the Vindija Neanderthal. The USER-treated portion of this

genome (the portion amenable for methylation reconstruction) was sequenced to a depth of 7x [5].

Therefore, the methylation map that could be reconstructed from this individual has a

considerably lower resolution compared to the other reconstructed maps used in this study

(coverage 19x to 52x). Nevertheless, due to the reduced ability to detect variability along the

archaic human linages, we employed this map for additional variability filtering along these

lineages. DMRs where the Vindija Neanderthal clustered with the other hominins, and not with

the Altai Neanderthal (or not with either of the archaic humans in the archaic-derived DMRs)

were discarded. The number of DMRs mentioned throughout this chapter already includes this

filtering.

A general concern in working with DNA methylation data is that DMRs that are specific to one

group do not necessarily represent an evolutionary change, but rather reflect a characteristic such

as technology used to measure methylation, tissue, sex, disease or age that is shared by

individuals in this group and not by others. We take two complementary approaches to ascertain

that the DMRs we report are not driven by these factors: (a) for the top DMGs, we match the

samples for the above factors and test whether the hypermethylation of AMHs is still observed.

To this end, we compared Ust'-Ishim (adult femur with no known diseases, methylation map

produced using our reconstruction method) to the Vindija Neanderthal (adult femur with no

known diseases, methylation map produced using our reconstruction method), and we also

compared 52 modern human samples (adult femora, methylation array maps) to four chimpanzee

samples (adult femora, methylation array maps). In all cases, AMHs show significant

hypermethylation compared to the matched samples (Extended Data Figure 3c,d, see

"*Comparing SOX9, ACAN, COL2A1, XYLT1, and NFIX methylation between AMH, chimpanzee*

and Neanderthal femora" chapter for additional information). (b) throughout the pipeline, we

take only DMRs where one human group clusters completely outside the other groups regardless

of tissue, sex, disease, age or technology. Thus, these factors are unlikely to drive the reported

methylation changes. This approach is particularly useful in AMH-derived DMRs, where each

group of samples (i.e., AMH samples vs. archaic and chimpanzee samples) include both males

and females, juveniles and adults, and they come from femora, ribs, tibia, skulls, and teeth. Thus,

it is unlikely that the DMRs that differentiate these groups reflect variability that stems from

these parameters[72] (Fig. 1a-c). Archaic-derived DMRs and Neanderthal-derived DMRs are also

unlikely to reflect differences in the above parameters, as in these DMRs, the Vindija

Neanderthal sample (adult, femur bone) is clustered with the Altai Neanderthal sample

(juvenile/adult, phalanx), and not with AMHs, where most samples are from femora of adult

females. Denisovan-derived DMRs, on the other hand, are more likely to stem from age or bone

type differences than other types of DMRs. This is because the Denisovan sample is the only

finger bone, and it comes from a child (6-13.5 years) (Extended Data Table 1). Thus, we cannot

rule out the possibility that some of the Denisovan-derived DMRs reflect finger-specific, rather

than lineage-specific methylation patterns. These DMRs could also possibly reflect age-specific

differences, but this is less likely, as the AMH I1583 sample and the chimpanzee 850K samples

are the same age group as the Denisovan (Denisovan: 6-13.5 years old, I1583: 6-10 [9],

chimpanzees: 10-13) but show different methylation patterns than the Denisovan (Extended Data

Table 1, Fig. 1).

Note that we do not generally expect the number of DMRs along a lineage to be proportional to

the length of the lineage, as this number is determined by several factors. First, the statistical

power to detect DMRs depends on coverage and deamination levels. Thus, our ability to detect

DMRs was lowest in the Denisovan, and highest in Ust'-Ishim. Second, the ability to filter out

within-population variability was substantially higher along the AMH lineage, to which most

samples belong. While filtering out such variability, we also exclude variability that exists across

both AMH and archaic populations. This filtering also discards genomic regions that are variable

between sexes, bone types and regions where methylation patterns tend to be more stochastic.

Variability that exists exclusively along the Neanderthal lineage was partially removed using the

Vindija Neanderthal sample, which comes from a different bone (femur vs. phalanx) and age

(adult vs. juvenile/adult). Along the Denisovan-lineage, on the other hand, such variability could

not be filtered out using our array of samples (Fig. 1).

We also repeated the Gene ORGANizer analyses (see "Gene ORGANizer analysis" section) after

removal of 20 DMRs that overlap regions which were shown to change methylation during

osteogenic differentiation[55]. We show that the enrichment of voice-affecting genes holds, and

thus, the differentiation state of cells in the samples is unlikely to explain the results we report.

Comparison to previous reports

We have previously reported that compared to present-day humans, the HOXD cluster of genes

is significantly hypermethylated in the Neanderthal and Denisovan samples[4]. Using the new

methylation maps, we show that this observation holds (Extended Data Fig. 4b). Adding

chimpanzee data, we see that similarly to AMHs, chimpanzee samples are also hypomethylated

compared to archaic humans. This suggests that the hypermethylation arose along the archaic-

human lineage. However, we find that the Ust'-Ishim individual is an outlier among modern

humans, and that his methylation levels are closer to the Neanderthal than to modern humans, as

was also shown by Hanghøj et al.[73]. The Neanderthal and Ust'-Ishim individuals are found >2

standard deviations from the mean observed methylation in modern humans. This suggests that

although the Neanderthal is hypermethylated compared to almost all modern humans, she is not

found completely outside modern human variation. The Denisovan, on the other hand, is found

even further away, and significantly outside the other populations. Given this, the HOXD DMR

was classified as Denisovan-derived (Extended Data Table 2). The Ust'-Ishim remains include a

single femur, and to our knowledge, it was not compared morphologically to other humans.

Thus, further analysis is needed in order to determine whether the hypermethylation of the Ust'-

Ishim individual compared to other AMHs is manifested in morphological changes as well.

Moreover, as this DMR is classified as Denisovan-derived, we cannot rule out the possibility that

it is driven to some extent by age or bone type differences.

Compared to the previously reported DMRs[4], in this study we found four times as many AMH-

and archaic-derived DMRs (2,805 full bone DMRs compared to 891) and roughly twice as many

Neanderthal- and Denisovan-derived DMRs (440 and 598 compared to 295 and 307 in the

Denisovan and Neanderthal, respectively). The list of DMRs reported here cannot be directly

compared to our previous list of DMRs because of several key differences in the analysis: (i) The

previous study focused on DMRs that are invariable across tissues, whereas here we focused on

DMRs in skeletal tissues. In the previous study, we were therefore able to extrapolate and find

trends that extend beyond the skeletal system, such as neurological diseases. In this paper we

focus on the skeletal system, hence the different appearance of the body map (Fig. 2b,c). (ii) the

current study used stricter thresholds for DMR detection, including a minimum of 50 CpGs in

each DMR (compared to 10 CpGs previously), and a requirement for physical overlap in the

three-way DMR detection procedure. (iii) In this study, the AMH reference is a reconstructed

ancient map, whereas in the previous study the AMH reference, as well as the other tissues used

for filtering out noise, were mainly cultured cell lines with RRBS methylation maps.

When filtering DMRs along the lines of the previous study by taking only DMRs with low inter-

tissue variability in humans (STD < 10%), we indeed observe similar trends. For example, when

taking AMH-derived DMGs and analyzing their expression patterns using DAVID's tissue

expression tools[74], we found that the brain is the most represented organ, with 51.5% of DMGs

expressed in this organ (x1.28, FDR = 2.6 x 10^{-4}), and glial cells are the most over-represented

cell type (x20.6, but FDR > 0.05, UP_TISSUE DB, Extended Data Table 3). In fact, the brain is

the only significantly enriched organ in this analysis. Similarly, when analyzing the GNF DB, we

found that the subthalamic nucleus is the most enriched body part (x1.60, FDR = 9.2 x 10^{-4}),

followed by additional brain regions, such as the olfactory bulb (x1.54, FDR = 0.01), globus

pallidus (x1.41, FDR = 0.04), and more (Extended Data Table 3). Similar enrichment patterns of

the brain can be observed when analyzing expression patterns of all AMH-derived DMGs

(Extended Data Table 3). Finally, we also find that similarly to the previous report, these DMRs

are linked to diseases more often (23.1% compared to the genome average of 10.8%, DAVID

OMIM_DISEASE DB[74]).

Validation of face and larynx enrichment in Gene ORGANizer

To test whether the enrichment of the face and larynx could be attributed to the fact that the

analyses are based on skeletal tissues, we tested whether the proportion of genes related to the

face, larynx, vocal folds and pelvis within AMH-derived skeleton-related DMGs is higher than

expected by chance. Out of 100 DMRs in genes that affect the skeleton, 31 genes are known to

affect the voice, 34 affect the larynx, 87 affect the face, and 65 affect the pelvis, whereas

genome-wide these proportions are significantly lower (14.2%, 20.2%, 70.0%, 52.4%, $P = 1.0$ x

10^{-5}, $P = 1.3$ x 10^{-3}, $P = 2.1$ x 10^{-3}, P = 0.03, for vocal folds, larynx, face, and pelvis,

respectively, hypergeometric test). For additional validation tests, see main text.

Genes associated with craniofacial features were taken from the GWAS-catalog (version 2019-

04-21), using a threshold of $P < 10^{-8}$. The following features were used: Dental caries, Cleft

palate, Facial morphology, Intracranial volume, Cleft palate (environmental tobacco smoke

interaction), Cranial base width, Craniofacial macrosomia, Facial morphology (factor 1, breadth

of lateral portion of upper face), Facial morphology (factor 10, width of nasal floor), Facial

morphology (factor 11, projection of the nose), Facial morphology (factor 12, vertical position of

sublabial sulcus relative to central midface), Facial morphology (factor 14, intercanthal

width), Lower facial height, Nose morphology, Nose size, Tooth agenesis (maxillary third

molar), Tooth agenesis (third molar), facial morphology traits (multivariate analysis), Lower

facial morphology traits (ordinal measurement), Lower facial morphology traits (quantitative

measurement), Middle facial morphology traits (quantitative measurement), and Upper facial

morphology traits (ordinal measurement). We then tested their overlap with DMGs. Genes

associated with craniofacial features in the GWAS catalog significantly overlapped DMGs

compared to the fraction expected by chance (5.17x, $P = 3.4 \times 10^{-4}$, hypergeometric test). As a

control, we then tested how this 5-fold enrichment compares to non-craniofacial features. We

used blood-related GWAS as a representative of general non-craniofacial GWAS. We extracted

from the GWAS catalog 22 blood-related traits (the same number as extracted for craniofacial

features), by taking the first 22 traits that appear in a search for the term "blood" and applying a

threshold of $P < 10^{-8}$. We then used these genes as a background control for the craniofacial

enrichment. We observed a 3.86x enrichment of DMGs with regard to craniofacial- vs. non-

craniofacial-associated genes ($P = 0.011$, chi-square test).

Additionally, we conducted a permutation test on the list of 129 AMH-derived DMGs that are

linked to organs on Gene ORGANizer, replacing those that are linked to the skeleton with

randomly selected skeleton-related genes. We then ran the list in Gene ORGANizer and

computed the enrichment. We repeated the process 100,000 times and found that the enrichment

levels we observed within AMH-derived DMGs are significantly higher than expected by chance

for the laryngeal and facial regions, but not for the pelvis ($P = 8.0 \times 10^{-5}$, $P = 3.6 \times 10^{-3}$, $P = 8.2$

$\times 10^{-4}$, and $P = 0.115$, for vocal folds, larynx, face and pelvis, respectively, Extended Data Fig.

2b-e).

Potentially, longer genes have higher probability to overlap DMRs. Indeed, DMGs tend to be

longer (148 kb vs. 39 kb, $P = 9.9 \times 10^{-145}$, t-test). We thus checked the possibility that genes

affecting the larynx and face tend to be longer than other genes, and are thus more likely to

contain DMRs. We found that length of genes could not be a factor explaining the enrichment

within genes affecting the larynx, as these genes tend to be shorter than other genes in the

genome (mean: 62.5 kb vs. 73.2 kb, $P = 0.001$, t-test). Genes affecting the face, on the other

hand, tend to be longer than other genes (mean: 77.1 kb vs. 65.6 kb, $P = 4.6 \times 10^{-5}$, t-test). To

examine if this factor may underlie the enrichment we observe, we repeated the analysis using

only DMRs that are found within promoter regions (5 kb upstream to 1 kb downstream of TSS),

thus eliminating the gene length factor. We found that the genes where such DMRs occur are

still significantly associated with the face ($P = 0.036$, Fisher's exact test). We next repeated the

promoter DMR analysis for all genes and compared the Gene ORGANizer enrichment levels in

this analysis to the genome-wide analysis. We observed very similar levels of enrichment (2.02x,

1.67x, and 1.24x, for vocal folds, larynx, and face, respectively, albeit FDR values > 0.05 due to

low statistical power). Importantly, AMH-derived DMGs also do not tend to be longer than

DMGs on the other branches (148 kb vs. 147 kb, $P = 0.93$, t-test). Together, these analyses

suggest that gene length does not affect the observed enrichment in genes affecting the face and

larynx.

Additionally, to test whether cellular composition or differentiation state could bias the results,

we ran Gene ORGANizer on the list of DMGs, following the removal of 20 DMRs that are

found <10 kb from loci where methylation was shown to change during osteogenic

differentiation[55]. We found that genes affecting the voice and face are still the most over-

represented (2.13x, 1.71x, and 1.27x, FDR = 0.032, FDR = 0.049, and FDR = 0.040, for vocal

folds, larynx, and face, respectively, Extended Data Table 4).

We also investigated the possibility that (for an unknown reason) the DMR-detection algorithm

introduces positional biases that preferentially identify DMRs within genes affecting the voice or

face. To this end, we simulated stochastic deamination processes along the Ust'-Ishim, Altai

Neanderthal, and Denisovan genomes, reconstructed methylation maps, and ran the DMR-

detection algorithm on these maps. We repeated this process 100 times for each hominin and

found no enrichment of any body part, including the face, vocal folds, or larynx (1.07x, 1.07x,

and 1.04x, respectively, FDR = 0.88 for vocal folds, larynx, and face). Perhaps most importantly,

none of the other archaic branches shows enrichment of the larynx or the vocal folds. However,

archaic-derived DMGs show over-representation of the jaws, as well as the lips, limbs, scapulae,

and spinal column (Extended Data Fig. 2f, Extended Data Table 4). In addition, DMRs that

separate chimpanzees from all humans (archaic and modern, Extended Data Table 2) do not

show over-representation of genes that affect the voice, larynx, or face, compatible with the

notion that this trend emerged along the AMH lineage. We also sought to test whether the larynx

and vocal folds, which we found to be significantly enriched only along the AMH lineage, are

also enriched when compared to the other lineages. We ran a chi-squared test on the fraction of

vocal folds- and larynx-affecting AMH-derived DMGs (25 and 29, respectively, out of a total of

120 organ-associated DMGs), compared to the corresponding fraction in the DMGs along all the

other lineages (42 for vocal folds, 49 for larynx, out of a total of 275 organ-associated DMGs).

We found that both the larynx and vocal folds are significantly enriched in AMHs by over 50%

compared to the other lineages (1.57x for both, P = 0.0248 and P = 0.0169 for vocal folds and

larynx, respectively).

Furthermore, we added a human bone reduced representation bisulfite sequencing (RRBS) map,

and produced a RRBS map from a chimpanzee infant unspecified long bone (Extended Data

Table 1, see Methods). RRBS methylation maps include information on only ~10% of CpG sites,

and are biased towards unmethylated sites. Therefore, they were not included in the previous

analyses. However, we added them in this part as they originate from a chimpanzee infant and a

present-day human that is of similar age to the Denisovan (Extended Data Table 1), allowing

sampling from individuals that are younger than the rest. Repeating the Gene ORGANizer

analysis after including these samples in the filtering process, we found that the face and larynx

are the only significantly enriched skeletal regions, and the enrichment within voice-affecting

genes becomes even more pronounced (2.33x, FDR = 7.9 x 10^{-3}, Extended Data Table 4).

We also examined if pleiotropy could underlie the observed enrichments. To a large extent, the

statistical tests behind Gene ORGANizer inherently account for pleiotropy[11], hence the

conclusion that the most significant shared effect of the AMH-derived DMGs is in shaping vocal

and facial anatomy is valid regardless of pleiotropy. Nevertheless, we tested this possibility more

directly, estimating the pleiotropy of each gene by counting the number of different Human

Phenotype Ontology (HPO) terms that are associated with it across the entire body[19]. We found

that DMGs do not tend to be more pleiotropic than the rest of the genome ($P = 0.17$, t-test), nor

do differentially methylated voice- and face-affecting genes tend to be more pleiotropic than

other DMGs ($P = 0.19$ and $P = 0.27$, respectively).

Next, we tested whether the process of within-lineage removal of variable DMRs and the

differential number of samples along each lineage biases the Gene ORGANizer enrichment

analysis. To do so, we analyzed the pre-filtering DMRs along each lineage. We detect very

similar trends to the post-filtering analysis, with the laryngeal and facial regions being the most

significantly enriched within AMH-derived DMRs (1.58x, 1.44x and 1.21x-1.31x for the vocal folds, larynx and different facial regions, respectively, FDR < 0.05), and for archaic-derived DMRs, we detect no enrichment of the laryngeal region (FDR = 0.16 and FDR = 0.43 for the vocal folds and larynx, respectively), and the most enriched regions are the face, limbs, and urethra. With the exception of the urethra, these results are very similar to the results reported for the filtered DMRs, suggesting that the process of within-lineage removal of variable DMRs and the differential number of samples along each lineage does not bias the enrichment results. Overall, we observe that AMH-derived DMGs across all 60 AMH samples are found outside archaic human variability, regardless of bone type, disease state, age, or sex, and that chimpanzee methylation levels in these DMGs cluster closer to archaic humans than to AMHs, suggesting that these factors are unlikely to underlie the observed trends.

Finally, we tested whether the filtering process in itself might underlie the observed trends. To this end, we re-ran the entire pipeline on Neanderthal- and Denisovan-derived DMGs, while applying to them all the filters as if they were Ust'-Ishim DMGs. This resulted in substantially fewer loci (89 for the Neanderthal and 50 for the Denisovan), which limits statistical power, but can still be used to examine whether there are any trends of enrichment similar to those observed in AMHs. We found no evidence that the filtering process could drive the enrichment of the vocal or facial areas: within Neanderthal-derived loci, filtered as if they were Ust'-Ishim-derived, we found that the vocal folds were ranked only 18th, with a non-significant enrichment of 1.27x (FDR = 0.815, compared to an enrichment of 2.11x within AMH-derived DMGs). The larynx was ranked 76th and showed a non-significant depletion of 0.87x (FDR = 0.783), and the face was ranked 31st, with a non-significant enrichment of 1.09x (FDR = 0.815). Within Denisovan-derived loci, filtered as if they were Ust'-Ishim-derived, none of the loci were linked to the vocal

folds nor to the larynx (FDR = 0.535 and FDR = 0.834, respectively), and the face was ranked

30th (1.29x, FDR = 0.535, Extended Data Table 4). This test suggests that the filtering process in

itself is very unlikely to underlie the enrichment of the vocal and facial parts within AMH-

derived DMGs.

Next, we applied the Neanderthal/Denisovan filters to the Ust'-Ishim-derived loci. This resulted

in 792 loci. We found that the vocal folds remained the most enriched body part (1.76x, FDR =

0.032), the larynx was marginally significant (1.53x, FDR = 0.0502), and the facial region was

significantly enriched too (e.g., cheek and chin ranked 2nd, 3rd within significantly enriched

body parts, 1.66x and 1.63x, FDR = 0.031 and FDR = 0.013, respectively, Extended Data Table

4). Importantly, we do not rule out the option that extensive regulatory changes in genes related

to vocal and facial anatomy might have occurred along the Neanderthal and Denisovan lineages

as well. Indeed, as we report in Extended Data Fig. 2, parts of the face are enriched within

Archaic-derived DMGs. However, we currently see no substantial evidence supporting this.

Importantly, the link between genetic alterations and phenotypes related to the voice is complex.

Some brain-related disorders (i.e., clinical disorders that affect the brain) result in alterations to

the voice, the mechanism in which is very difficult to pin down. Although the mechanism

leading to voice alterations (either in its pitch, timbre, volume or range) in some of the genes we

report is unknown, many of the disorders are skeletal, suggesting the mechanism is related to

anatomical changes to the vocal tract. Such changes could also affect more primary functions of

the larynx, such as swallowing and breathing. However, the enrichment we observe in Gene

ORGANizer shows these genes were also shown to drive vocal alterations in the disorders they

underlie[11,19]. Voice and speech alterations were also shown to be driven by cultural, dietary and

behavioral changes affecting bite configuration[75]. Here too, these factors are unlikely to underlie

the vocal alterations in the genes we report, as individuals from the same family as the individual

with the disorder, who do not carry the dysfunctional allele, were not reported to present any

vocal phenotypes.

The larynx is an organ which is primarily involved in breathing and swallowing in mammals. In

humans, the larynx is also used to produce complex speech, but not every change to the larynx

necessarily affects speech. Despite these additional functions, the genes reported by Gene

ORGANizer and HPO were specifically associated with voice alterations, directly or indirectly,

suggesting that although they could have additional effects, their effect on the voice is their most

shared function.

Computing correlation between methylation and expression

In order to identify regions where DNA methylation is tightly linked with expression levels, we

scanned each DMR in overlapping windows of 25 CpGs (the window used for smoothing the

deamination signal). In each window we computed the correlation between DNA methylation

levels and expression levels of overlapping genes as well as the closest genes upstream and

downstream genes, across 21 tissues[32]. For each DMR, we picked the window with the best

correlation (in absolute value) and computed regression FDR-adjusted *P*-value. DMRs that

overlap windows with FDR < 0.05 were considered to be regions where methylation levels are

significantly correlated with expression levels. 90 such DMRs were found among the skeletal

AMH-derived DMRs, 93 among the archaic human-derived DMRs, 40 among Neanderthal-

derived DMRs, and 19 among Denisovan-derived DMRs.

As no expression data were available for Ust'-Ishim, Bone1 and Bone2, we approximated their

NFIX expression level by taking the average of *NFIX* expression from three osteoblast RNA-seq

datasets that were downloaded from GEO accession numbers GSE55282, GSE85761 and

GSE78608. RNA-seq data for chondrocytes was downloaded from the ENCODE project, GEO

accession number GSE78607 and plotted against measured methylation levels in primary

chondrocytes (see "Human primary chondrocyte validation" chapter). Notably, even though the

expression and methylation data come from different individuals, plotting them against one

another positions them only ~one standard deviation from the expression value predicted by the

regression line (Fig. 5b). Future studies providing RNA expression levels for the laryngeal

skeleton and vocal folds might provide further information on the methylation-expression links

of these genes.

Studying the function of DMGs

Gene Ontology analysis

Gene ontology and expression analyses were conducted using Biological Process and UNIGENE

expression tools in DAVID[74], using an FDR threshold of 0.05.

Gene ORGANizer analysis

Similarly to sequence mutations, changes in regulation are likely to be unequally distributed

across different body systems, owing to negative and positive selection, as well as inherent traits

of the genes affecting each organ. Thus, we turned to investigate which body parts are affected

by the DMGs. To this end, we ran the lists of DMGs in Gene ORGANizer[11], which is a tool that

links genes to the organs they affect, through known disease and normal phenotypes. Thus, it

allows us to investigate directly the phenotypic function of genes, to identify their shared targets

and to statistically test the significance of such enrichments. We ran the lists of DMGs in the

ORGANize option using the default parameters (i.e., based on *confident* and *typical* gene-

phenotype associations).

When we ran the list of skeletal AMH-derived DMRs, we found 11 significantly enriched body

parts, with the vocal folds and the larynx being the most enriched parts (x2.11 and x1.68, FDR =

0.017 and FDR = 0.048, respectively). Most other parts belonged to the face (teeth, forehead,

lips, eyelid, maxilla, face, jaws), as well as the pelvis and nails (Fig. 2c,d, Extended Data Table

4). For archaic-derived DMGs, the lips, limbs, jaws, scapula, and spinal column were enriched

(Extended Data Fig. 2f, Extended Data Table 4). The Neanderthal-derived and Denisovan-

derived DMG lists did not produce any significantly enriched organs, but the immune system

was significantly depleted within Neanderthal-derived DMRs (x0.67, FDR = 0.040).

In order to examine whether such trends could arise randomly from the reconstruction method,

we repeated the analysis on the previously described 100 simulations. We ran all simulated

DMGs (4,153) in Gene ORGANizer and found that no enrichment was detected, neither for

voice-related organs (vocal folds: x0.99, FDR = 0.731, larynx: x.1.02, FDR = 0.966, FDR =

0.966), nor for any other organ.

Overlap with enhancer regions

To further test whether the AMH-derived DMRs overlap skeletal regulatory regions, we

examined the previously reported 403,968 human loci, where an enrichment of the active

enhancer mark H3K27ac was detected in developing human limbs (E33, E41, E44, and E47)[76].

Each DMR was allocated a random genomic position in its original chromosome, while keeping

its original length and matching the distribution of GC-content and CpG density between the

original and permutated lists. GC-content and CpG density matching was done by matching a

10-bin histogram of the original and permutated lists. This was repeated for 10,000 iterations.

We found that AMH-derived DMRs overlap limb H3K27ac-enriched regions ~2x more often

than expected by chance (610 overlapping DMRs, compared to 312.4±21.7, $P < 10^{-4}$,

permutation test).

SOX9 upstream putative enhancer coordinates used in Fig. 4b were taken from [13,14,23,77,78].

Computing the density of changes along the genome

We computed the density of derived CpG positions along the genome in two ways. First, we

used a 100 kb window centered in the middle of each DMR and computed the fraction of CpGs

in that window which are differentially methylated (i.e., are found within a DMR). Second, for

the chromosome density plots, we did not center the window around each DMR, but rather used

a non-overlapping sliding 100 kb window starting at position 1 and running the length of the

chromosome.

NFIX, COL2A1, SOX9, ACAN and XYLT1 phenotypes

The vocal tract and larynx affecting genes presented in this paper show involvement in laryngeal

cartilage and soft tissue phenotypic variation. Clinical phenotypes can be of high severity, with

substantial impacts on normal breathing functions, to the point where the cause of death is due to

respiratory distress. *SOX9* and *NFIX* are often associated with laryngomalacia[11,19] (Extended

Data Table 5), a collapse of the larynx due to malformation of the laryngeal cartilaginous

framework and/or malformed connective tissues, particularly during inhalation. Patients with

mutations in *COL2A1* often show backwards displacement of the tongue base[11,19]. Less severe

phenotypes of the reported genes include variation of voice quality in the form of pitch variation

(high in patients suffering from *XYLT1* mutations) and sometimes hoarseness of the voice

(reported for some patients with mutations of *ACAN*, Extended Data Table 5)[11,19]. Whether this is

due to variation of the vocal tract and laryngeal anatomy influenced by the *ACAN* mutation or

due to a scaled down vocal tract size in the case of the *XYLT1* mutation which also causes

primordial dwarfism is not yet clear.

NFIX phenotypes

Skeletal phenotypes that are associated with the Marshall-Smith syndrome were extracted from

the Human Phenotype Ontology (HPO) [19]. Non-directional phenotypes (e.g., irregular dentition)

and phenotypes that are expressed in both directions (e.g., tall stature and short stature) were

removed.

Mutations in *NFIX* have also been linked to the Sotos syndrome. However, *NFIX* is not the only

gene that was linked to this syndrome; mutations in *NSD1* were also shown to drive similar

phenotypes[51]. Therefore, it is less relevant in assessing the functional consequences of general

shifts in the activity levels of *NFIX*. Nevertheless, it is noteworthy that in the Sotos syndrome

too, most symptoms are a mirror image of the Neanderthal phenotype (e.g., prominent chin and

high forehead).

Comparing of SOX9, ACAN, COL2A1, and NFIX expression between AMH and mouse

93 appendicular skeleton samples were used to compare expression levels of *NFIX*, *SOX9*,

ACAN and *COL2A1* in human and mouse: 1. Five Human expression array data of iliac bones [79],

downloaded from ArrayExpress accession number E-MEXP-2219. 2. 84 Human expression

array of iliac bones, downloaded from ArrayExpress accession number E-MEXP-1618. 3. Three

Mouse expression array data of femur and tibia bones, downloaded from ArrayExpress accession

number E-GEOD-61146. 4. One Mouse RNA-seq of a tibia bone, downloaded from

supplementary data. Expression values were converted to percentiles, according to each gene

expression level compared to the rest of the genome across each sample (Fig. 5c).

Comparing *SOX9, ACAN, COL2A1, XYLT1*, and *NFIX* methylation between AMH,

chimpanzee and Neanderthal femora

To check whether the AMH hypermethylation of *SOX9, ACAN, COL2A1, XYLT1* and *NFIX*

could be a result of variability between bone types, we compared the four chimpanzee femur

850K methylation arrays to the 52 present-day femur 450K methylation arrays. We took probes

within AMH-derived DMRs that appear on both arrays. We found that these genes are

consistently hypermethylated in AMHs ($P = 1.6 \times 10^{-7}$, t-test), with 38 probes showing >5%

hypermethylation in AMH, whereas only eight probes show such hypermethylation in

chimpanzees (Extended Data Fig. 3d). Therefore, even when comparing methylation from the

same bone, same sex, same developmental stage, measured by the same technology, and across

the same positions, AMH show consistent hypermethylation across all of these DMGs.

Similarly, when comparing the DMRs in *SOX9*, *ACAN*, *COL2A1*, *XYLT1*, and *NFIX* between the

Ust'-Ishim and Vindija Neanderthal samples, the Vindija Neanderthal sample is consistently

hypomethylated compared to the Ust'-Ishim individual ($P = 1.2 \times 10^{-5}$, Extended Data Fig. 3c).

Both of these samples were extracted from femora of adult individuals, and methylation was

reconstructed using the same technology. This suggests that the hypermethylation of AMHs

compared to Neanderthals is unlikely to be driven by age or bone type, and rather reflects

evolutionary shifts.

Scanning the SOX9 region for mutations altering NFI binding motifs

To examine whether the changes in regulation of *SOX9* could possibly be explained by changes

in the binding sites of NFI proteins, we searched for the NFI motif [80,81] along the gene body and

the 350 kb upstream region of *SOX9*. We looked for NFI motifs that exist in the genomes of the

Altai and Vindija Neanderthal, as well as in the Denisovan, but were abolished in AMHs. We did

not find any evidence of such substitutions.

Comparison to divergent traits between Neanderthals and AMHs

To further investigate potential phenotypic consequences of the DMGs we report, we probed the

HPO database[19] and compared these HPO phenotypes to known morphological differences

between Neanderthals and modern humans. To compile a list of traits in which Neanderthals and

AMHs differ, we reviewed key sources that surveyed Neanderthal morphology summarized in [12].

We identified traits in which Neanderthals are found completely outside AMH variation, as well

as traits where one group is significantly different from the other, but the distribution of observed

measurements partially overlap. Non-directional traits (i.e., traits that could not be described on

scales such as higher/lower, accelerated/delayed etc.) were not included, as could not be

paralleled with HPO phenotypes. The compiled list included 107 phenotypes, 75 of which have

at least one equivalent HPO phenotype (4.8 on average). For example, the HPO phenotype

Taurodontia (HP:0000679) was linked to the trait "Taurodontia", and the following HPO

phenotypes were linked to the trait "Rounded and robust rib shafts": *Broad ribs* (HP:0000885),

Hypoplasia of first ribs (HP:0006657), *Short ribs* (HP:0000773), *Thickened cortex of long bones*

(HP:0000935), *Thickened ribs* (HP:0000900), *Thin ribs* (HP:0000883), *Thoracic hypoplasia*

(HP:0005257). For each skeleton-affecting phenotype, we determined whether it matches a

known morphological difference between Neanderthals and AMHs. For example, *Hypoplastic*

ilia (HPO ID: HP:0000946) was marked as divergent because in the Neanderthal the iliac bones

are considerably enlarged compared to AMHs[12]. We then counted for each gene (whether DMG

or not) the fraction of its associated HPO phenotypes that are divergent between Neanderthals

and AMHs. We found that four of the top five most differentially methylated skeletal genes

(*XYLT1*, *NFIX*, *ACAN*, and *COL2A1*) are in the top 100 genes with the highest fraction of

divergent traits between Neanderthals and AMHs (out of a total of 1,789 skeleton-related genes).

In fact, *COL2A1*, which is the top ranked DMR (Extended Data Table 2), is also the gene that is

overall associated with the highest number of derived traits (63) (Extended Data Table 7). This

suggests that these extensive methylation changes are possibly linked to phenotypic divergence

between archaic and AMHs.

Data and Software Availability

All methylation data generated in this work have been deposited in NCBI's Gene Expression

Omnibus under GEO accession number GSE96833.

1789

Extended Data Figures

Extended Data Figure 1. DMR-detection flowchart. At the core of the process are six two-

way (pairwise) comparisons between the Altai Neanderthal, Denisovan, and Ust'-Ishim

individuals. In each two-way comparison, a C→T deamination signal of one hominin was

compared to the reconstructed methylation map of the other hominin. This resulted in three lists

of pairwise DMRs, that were then intersected to identify hominin-specific DMRs, defined as

DMRs that appear in two of the lists. False discovery rates were controlled by running 100

simulations for each hominin, each simulating the processes of deamination, methylation

reconstruction, and DMR-detection. Only DMRs that passed FDR thresholds of < 0.05 were kept

(see Methods). To discard non-evolutionary DMRs we used 62 skeletal methylation maps, and

kept only loci whose methylation levels differed in one lineage, regardless of age, bone type,

disease or sex. Finally, five chimpanzee methylation maps were used to assign the lineage in

which each DMR likely emerged.

a Face
$P = 8.2 \times 10^{-4}$

Number of iterations

8,000

Observed

0.8 Enrichment level 1.4

b Larynx
$P = 3.6 \times 10^{-3}$

Number of iterations

12,000

Observed

0.2 Enrichment level 2.2

c Vocal cords
$P = 8.0 \times 10^{-5}$

Number of iterations

16,000

Observed

0 Enrichment level 2.5

d Pelvis
$P = 0.115$

Number of iterations

12,000

Observed

0 Enrichment level 1.8

e

x 1.47

x 1

x 0.68

1804

f

AMH-derived

AMH-derived (skeletal)

$P = 8.1 \times 10^{-9}$

$P = 0.059$

Fraction of differentially methylated CpGs

ACAN
SOX9
TNS3
COL2A1
LINC00673
SYNPO
CCRL2
XYLT1
OPTC
GALNT18
NFIX

0.582

0.002

ACAN
SOX9
COL2A1
XYLT1
NFIX

0.582

0.008

Extended Data Figure 2. The face and larynx are enriched within AMH-derived DMGs

compared to genes affecting the skeleton, and compared to archaic-derived DMGs. a-d. The

distribution of enrichment levels in 100,000 randomized lists of genes, where non-skeletal AMH-

derived DMGs were unchanged, whereas skeleton-related DMGs were replaced with random

skeleton-related genes. Observed enrichment levels are significantly higher than expected in the

face, larynx, and vocal folds. **e.** A heat map representing the level of enrichment of each anatomical

part within archaic-derived DMGs. Genes affecting the lips, limbs, jaws, scapula, and spinal

column are the most enriched within archaic-derived DMRs. Only body parts that are significantly

enriched (FDR < 0.05) are colored. **f.** The number of AMH-derived CpGs per 100 kb centered

around the middle of each DMR. Genes were ranked according to the fraction of derived CpG

positions within them. Genes affecting the face are marked with blue lines. AMH-derived DMGs

which affect the face tend to be ranked significantly higher. Although only ~2% of genes in the

genome are known to affect lower and midfacial projection, three of the top five AMH-derived

DMGs, and all top five AMH-derived skeleton-affecting DMGs affect facial projection.

b

	NFIX_1	NFIX_2	NFIX_3	NFIX_4	NFIX_5
Human	100%	100%	86.3%	84.3%	91.2%
Chimp	86.7%	62.6%	76.4%	72.5%	73.5%
Difference $P = 0.011$	+13.3%	+37.4%	+9.9%	+11.8%	+17.7%

1820 **Extended Data Figure 3. AMHs are hypermethylated compared to Neanderthal and**

1821 **chimpanzee bone samples, even when age and bone type are considered. a,b.** Bisulfite-PCR

1822 in human and chimpanzee crania of five regions within the two *NFIX* DMRs, showing

1823 hypermethylation of NFIX in AMHs ($P = 0.011$, *t*-test). Each column represents a CpG position,

1824 with each circle representing either methylated (blue) or unmethylated (white) measurements.

1825 Human hg19 coordinates are shown for each CpG position. Chimpanzee methylation in regions

1-4 was compared with the human I1583 cranium. Region 5 was compared with I1583 and three

additional present-day human crania, presented in the figure. Summarized results are presented

in the table. **c.** *COL2A1, ACAN, SOX9,* and *NFIX* are hypermethylated in Ust'-Ishim (blue)

compared to the Vindija Neanderthal (orange). Circles represent mean methylation levels in

AMH-derived DMRs. Both samples were extracted from femora of adults, and methylation was

reconstructed using the same method. The DMRs presented include also those that were

analyzed in the density analyses (see Methods). The hypermethylation of these genes in AMHs is

unlikely to be attributed to age or bone type. **d.** *COL2A1, ACAN, SOX9,* and *NFIX* are

hypermethylated in AMH femora compared to chimpanzee femora. Each pair of box plots

represents methylation levels across 52 AMH femora (blue) and four chimpanzee femora

(orange) in a single probe of methylation array. When comparing methylation in the same bone,

measured by the same technology, and across the same positions, AMHs show almost consistent

hypermethylation compared to chimpanzee. The probes presented include also probes within

DMRs that were analyzed in the density analyses (see Methods).

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Extended Data Figure 4. Simulations of deamination and reconstruction, and comparison

to previous reports. a. Simulations of cytosine deamination, followed by reconstruction

reproduce DNA methylation maps. Deamination was simulated for each position based on its

methylation level, read coverage and the observed rate of deamination in each hominin. Then,

DNA methylation maps were reconstructed and matched against the original map. The number

of DMRs found were used as an estimate of false discovery rate. Three exemplary regions are

presented, where methylation levels are color-coded from green (unmethylated) to red

(methylated). **b.** The HOXD cluster is hypermethylated in archaic humans, and in the Ust'-Ishim

individual. Methylation levels are color-coded from green (unmethylated) to red (methylated).

The top eight bars show ancient and present-day AMH samples, the lower three show the

Denisovan, Neanderthal and chimpanzee. The promoter region of *HOXD9* is hypermethylated in

the Neanderthal and the Denisovan, but not in AMHs. The 3' ends of the three genes are

hypermethylated in the Neanderthal, Denisovan, Ust'-Ishim and chimpanzee, but not in other

AMH samples. The promoter of HOXD10 is methylated only in the Denisovan.

1856

Extended Data Figure 5. **M-bias plots along reads in bone sample 1 and sample 2**. **a**. Pre-

filtering methylation along read1 and read2 in the autosomes of bone 1. **b**. Post-filtering

methylation along read1 and read2 in the autosomes of bone 1. **c**. Pre-filtering methylation along

read1 and read2 in the autosomes of bone 2. **d**. Post-filtering methylation along read1 and read2

in the autosomes of bone 2.

Extended Data Figure 6. **M-bias plots along reads in the chimpanzee rib sample**. **a**. Pre-

filtering methylation along read1 and read2 in the autosomes. **b**. Post-filtering methylation along

read1 and read2 in the autosomes.

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