1	Cancer LncRNA Census 2 (CLC2): an enhanced resource reveals clinical features of
2	cancer IncRNAs
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19	Keywords: long noncoding RNA; long-noncoding RNA; IncRNA, cancer, curation, DGCR5,
20	CARMEN, CARMN, LINC00570

1 Abstract

2 Long noncoding RNAs play key roles in cancer and are at the vanguard of precision therapeutic development. These efforts depend on large and high-confidence 3 collections of cancer IncRNAs. Here we present the Cancer LncRNA Census 2 4 (CLC2): at 492 cancer IncRNAs, it is 4-fold greater than its predecessor, without 5 6 compromising on strict criteria of confident functional / genetic roles and inclusion in 7 the GENCODE annotation scheme. This increase was enabled by leveraging high-8 throughput transposon insertional mutagenesis (TIM) screening data, yielding 95 9 novel cancer IncRNAs. CLC2 makes a valuable addition to existing collections: it is amongst the largest, holds the greatest number of unique genes, and carries functional 10 11 labels (oncogene / tumour suppressor). Analysis of this dataset reveals that cancer 12 IncRNAs are impacted by germline variants, somatic mutations, and changes in expression consistent with inferred disease functions. Furthermore, we show how 13 14 clinical / genomic features can be used to vet prospective gene sets from highthroughput sources. The combination of size and quality makes CLC2 a foundation for 15 precision medicine, demonstrating cancer IncRNAs' evolutionary and clinical 16 17 significance.

1 Introduction

2 Tumours arise and grow via genetic and non-genetic changes that give rise to 3 widespread alterations gene expression programmes (1-3). The numerous dysregulated genes may encode classical protein-coding mRNAs or non-protein coding RNAs, but it is likely 4 5 that just a subset of these actually functionally contribute to pathogenic cellular hallmarks. The 6 identification of such functional cancer genes is critical for the development of targeted cancer 7 therapies, as well as emerging methods to identify additional cancer genes. For protein-coding 8 genes (pc-genes), datasets such as the Cancer Gene Census (CGC) collect and organise 9 comprehensive gene collections according to defined criteria, and has proven invaluable for 10 scientific research and drug discovery (4).

The past decade has witnessed the discovery of numerous non-protein-coding RNA 11 12 genes in mammalian cells (5, 6). The most numerous but poorly understood produce long 13 noncoding RNAs (IncRNAs), defined as transcripts >200 nt in length with no detectable 14 protein-coding potential (7). Although their molecular mechanisms are highly diverse, many 15 IncRNAs have been shown to interact with other RNA molecules, proteins and DNA by 16 structural and sequence-specific interactions (8, 9). Most IncRNAs are clade- and species-17 specific, but a subset display deeper evolutionary conservation in their gene structure (10) 18 and a handful have been demonstrated to have functions that were conserved across millions 19 of years of evolution (10, 11). The numbers of known IncRNA genes in human have grown 20 rapidly, and present catalogues range from 18,000 to ~100,000 (12), however just a tiny 21 fraction have been functionally characterized (13–16). As IncRNAs likely represent a huge yet 22 poorly understood component of cellular networks, understanding the clinical and therapeutic 23 significance of these numerous novel genes is a key contemporary challenge.

LncRNAs have been implicated in molecular processes governing tumorigenesis (17). LncRNAs may promote or oppose cancer hallmarks (18). This fact, coupled to the emergence of potent *in vivo* inhibitors in the form of antisense oligonucleotides (ASOs) (19), has given rise to serious interest in lncRNAs as drug targets in cancer by both academia and pharma (17, 20–22).

Initially, cancer IncRNAs were discovered by classical functional genomics workflows
 employing microarray or RNA-seq expression profiling (23, 24). More recently, CRISPR-based
 functional screening (25) and bioinformatic predictions (26–28) have also emerged as
 powerful tools for novel cancer gene discovery. To assess their accuracy, these approaches
 require accurate benchmarks in the form of curated databases of known cancer IncRNAs.

6 Any discussion of IncRNAs and cancer requires careful terminology. Experimental 7 evidence suggest that for some IncRNAs, it is a DNA element within the gene, in addition to 8 or instead of the RNA transcript, which mediates downstream gene regulation (29–31). This 9 introduces the need for meticulous assessment of the basis of each IncRNA gene's 10 functionality. Furthermore, it has been shown that IncRNAs can exert strong phenotypic 11 effects in one cell background, but none in another (32). In the context of tumours, this means 12 that amongst the large numbers of differentially expressed lncRNAs (24), just a fraction are 13 likely to functionally contribute to a relevant cellular phenotype or cancer hallmark (20, 33-14 36). Such genes, termed here "functional cancer IncRNAs", are the focus of this study. 15 Remaining changing genes are non-functional "bystanders", which are largely irrelevant in 16 understanding or inhibiting the molecular processes causing cancer and highlight the 17 importance of not assessing functionality evidence simply by expressional changes.

There are a number of excellent databases of cancer-associated IncRNAs: 18 19 IncRNADisease (37), CRIncRNA (38), EVLncRNAs (39) and Lnc2Cancer (40). These 20 principally employ labour-intensive manual curation, and rely extensively on differential 21 expression to identify candidates. On the other hand, these databases have not yet taken 22 advantage of recent high-confidence sources of functional cancer IncRNAs, such as high-23 throughput functional screens (25, 41). For these reasons, existing annotations likely contain 24 unknown numbers of bystander IncRNAs, while omitting large numbers of bona fide functional 25 cancer IncRNAs. Thus, studies requiring high-confidence gene sets, including benchmarking 26 or drug discovery, call for a database focussed exclusively on functional cancer IncRNAs.

27 Here we address this need through the creation of the Cancer LncRNA Census 2 28 (CLC2). It not only extends our previous CLC dataset by several fold (42), but more

- importantly, CLC2 takes a major step forward methodologically, by implementing an
 automated curation component that utilises functional evolutionary conservation for the first
 time. Using this data, we present a comprehensive analysis of the genomic and clinical
- 4 features of cancer IncRNAs.

1 Results

2 Integrative, semi-automated cataloguing of cancer IncRNAs

We sought to develop an improved map of IncRNAs with functional roles in either promoting or opposing cancer hallmarks or tumorigenesis. Such a map should prioritise IncRNAs with genuine causative roles, and exclude false-positive "bystanders": genes whose expression changes but play no functional role.

7 We began with conventional manual curation of IncRNAs from the scientific literature, 8 covering the period from January 2017 (directly after the end of the first CLC (42)) to the end 9 of December 2018. We continued to use stringent criteria for defining cancer IncRNAs: genes 10 must be annotated in GENCODE (here version 28), and cancer function must be 11 demonstrated either by functional in vitro or in vivo experiments, or germline or somatic 12 mutational evidence (see Methods) (Figure 1A). Altogether we collected 253 novel IncRNAs 13 in this way, which added to the original CLC amounts to 375 IncRNAs, hereafter denoted as 14 "literature IncRNAs" (Figure 1A).

15 We recently showed that some literature-curated IncRNAs were also targeted by 16 previously-overlooked mutations in published transposon insertion mutagenesis (TIM) 17 screens (42). We hypothesised that this insight could be extended to identify novel functional cancer IncRNAs. Thus we developed a pipeline to automatically identify human IncRNAs by 18 19 orthology to a collection of TIM hits in mouse (41). In this way 123 IncRNAs were detected, of 20 which 102 were not already in the literature set. These were added to the CLC2, henceforth 21 denoted as "mutagenesis IncRNAs" (Figure 1B). This analysis is discussed in more detail in 22 the next section.

Pooled functional screens based on CRISPR-Cas9 loss-of-function have recently emerged as a powerful means of identifying function cancer IncRNAs (25). However there has been relatively little validation of the hits from such screens, and it is possible that they contain substantial false positives (43, 44). Amongst the few datasets presently available, the most comprehensive comes from a CRISPR-inhibition (CRISPRi) screen of ~16,000 IncRNAs in seven human cell lines, with proliferation as a readout (45). Of the 499 hits identified, 322 are

annotated by GENCODE and hence could potentially be included in CLC2. These are
moderately enriched for known cancer IncRNAs from the literature search (Figure 1C). That
study independently validated 21 GENCODE-annotated hits, of which four (19%) were already
mentioned in the literature, and two (10%) were detected by TIM above. Given the uncertainty
over the true-positive rates of unvalidated screen hits, we opted for a conservative approach
and included the remaining 15 novel and independently-validated IncRNAs from this study
("CRISPRi IncRNAs") (Figure 1C).

8 Altogether, the resulting CLC2 set comprises 492 unique IncRNA genes, representing 9 a 4.0-fold increase over its predecessor. The entire CLC2 dataset is available in 10 Supplementary Table 1 and 2. Importantly, the dataset is fully annotated with evidence 11 information, affording users complete control over the particular subsets of IncRNAs 12 (literature, mutagenesis, CRISPRi) that they wish to include in their analyses.

13

14 Automated annotation of human cancer IncRNAs via functional conservation

We recently showed that transposon insertional mutagenesis (TIM) screens identify cancer IncRNAs in mouse (42, 46), and that some of these overlapped previously-known human cancer IncRNAs (Figure 2A). TIM screens identify "common insertion sites" (CIS), where multiple transposon insertions at a particular genomic location have given rise to a tumour, thereby implicating the underlying gene as an oncogene or tumour suppressor.

20 We here extend this strategy to identify new functional cancer IncRNAs, by developing 21 a new pipeline called CLIO-TIM (cancer IncRNA identification by orthology to TIM). Briefly, 22 CLIO-TIM uses chain alignments (47) to map mouse CIS to orthologous regions of the human 23 genome, and then identifies the most likely gene target (see Methods) (Figure 2B) (SUPP FIG 24 1B). Available CIS maps are based on a variety of identification methods, resulting in CIS with a range of sizes, from 1 bp upwards. We opted to remove our previously conservative size 25 26 criterion (CIS = 1 bp), to now consider elements of any size resulting in 26,345 CIS (compared to 2,806 previously (42)) (SUPP FIG 1A). This yields a 3-fold increase in sensitivity for true-27 28 positive CGC genes (72% compared to 26.4% previously (42)) (SUPP FIG 1D).

Based on this expanded dataset, CLIO-TIM identified 16,430 orthologous regions in
human (hCIS) (Figure 2B) (SUPP FIG 1A). Altogether, 123 lncRNAs and 9,295 pc-genes were
identified as potential cancer genes. An example is the human-mouse orthologous lncRNA
locus shown in Figure 2B, comprising *Gm36495* in mouse and *LINC00570* in human. A CIS
lies upstream of the mouse gene's TSS, mapping to the first intron of the human orthologue. *LINC00570* is an alternative identifier for ncRNA-a5 *cis*-acting lncRNA identified by Orom et
al. (48), that has not previously been associated with cancer or cell growth.

8 We expected that hCIS regions are enriched in known cancer genes. Consistent with 9 this, the 698 pc-genes from the COSMIC Cancer Gene Census (CGC) (4) (red in SUPP FIG 10 1D) are 155-fold enriched with hCIS over intergenic regions (light grey). Turning to IncRNAs, 11 the 375 literature IncRNAs are 19.5-fold enriched, supporting their disease relevance (Figure 12 2C). Thus, CLIO-TIM predictions are enriched in genuine protein-coding and IncRNA 13 functional cancer genes. Supporting its accuracy, the overall numbers of genes implicated by 14 CLIO-TIM agree with independent analysis in the CCGD database (SUPP FIG 1C).

15 An additional 209 hCIS fall in intergenic regions that are neither part of pc-genes or 16 IncRNAs, leading us to ask whether some may affect IncRNAs that are not annotated by 17 GENCODE (Figure 2C). To test this, we utilised the large set of cancer-associated IncRNAs from miTranscriptome (24). 186 hCIS intersect 2167 miTranscriptome genes, making these 18 19 potentially novel non-annotated transcripts involved in cancer. Nevertheless, simulations 20 indicated that this rate of overlap was no greater than expected by random chance (see 21 Methods), making it unlikely that substantial numbers of undiscovered cancer IncRNAs remain 22 to be discovered in intergenic regions, at least with the datasets used here (SUPP FIG 1E).

In addition to known cancer IncRNAs, CLIO-TIM identifies 102 IncRNAs not previously linked to cancer (FIG 2C, dark grey) with a 3.8-fold enrichment of insertions over intergenic genome. As will be shown below, these IncRNAs bear clinical and genomic features of functional cancer genes, and hence we decided to include them in CLC2. It should be noted, however, that these "mutagenesis" IncRNAs are labelled and hence may be removed by end users, as desired.

1 To experimentally test the principal that human orthologues of mouse cancer genes 2 have a conserved function, we selected LINC00570, identified by CLIO-TIM but never 3 previously been linked to cancer or cell proliferation. We asked whether LINC00570 promotes cell growth in transformed cells. We used RNA-sequencing data to search for cell models 4 5 where LINC00570 is expressed, and identified robust expression in cervical carcinoma HeLa 6 cells (SUPP FIG 2A) and to a lesser extent in HCT116 colon carcinoma cells (SUPP FIG 2A). 7 We designed three distinct antisense oligonucleotides (ASOs) targeting the LINC00570 intron 8 2 and 3 and exon 3 of the short isoform (intronic targeting ASOs are known to have 9 degradation efficiency comparable to exonic ones (49, 50)). Transfection of these ASOs led 10 to strong and reproducible decreases in steady state RNA levels in HeLa cells (Figure 2C). 11 This resulted in significant decreases in cell proliferation rates (Figure 2D, SUPP FIG 2B). We 12 observed a similar effect through CRISPRi-mediated inhibition of gene transcription by two 13 independent guide RNAs in HeLa (Figure 2D), and with the same ASOs in HCT116 cells 14 (SUPP FIG 2C and D). Therefore, LINC00570 predicted by CLIO-TIM pipeline promotes 15 growth of human cancer cells, and is likely to have a deeply evolutionarily-conserved 16 tumorigenic activity.

17

Enhanced cancer IncRNA catalogue integrating manual annotation, CRISPR screens and functional conservation

20 We next tallied the distinct IncRNAs in CLC3 and compared them with existing cancer 21 IncRNA databases. Figure 3A shows a breakdown of the composition of CLC2 in terms of 22 source, gene function and evidence strength. Where possible, the genes are given a functional 23 annotation, oncogene (og) or tumour suppressor (ts), according to evidence for promoting or 24 opposing cancer hallmarks. Oncogenes (n=275) quite considerably outnumber tumour 25 suppressors (n=95), although it is not clear whether this reflects genuine biology or an 26 ascertainment bias relating to scientific interest or technical issues. Smaller sets of IncRNAs 27 are associated with both functions, or have no functional information (those from TIM screens 28 where the functions of hits are ambiguous).

In terms of the quality of evidence sources, CLC2 represents a considerable improvement over the original CLC. The fraction of IncRNAs with high quality *in vivo* evidence (defined as functional validation in mouse models or mutagenesis analysis) now represent 66% compared to 24% previously (Figure 3A, SUPP FIG 3B). In total, the updated CLC2 comprises 33 cancer types (vs 29) and more IncRNAs are reported for every cancer subtype (SUPP FIG 3A).

7 We were curious how much novelty the CLC2 gene set brought to the known universe 8 of cancer IncRNAs, as estimated from respected and longstanding cancer IncRNA collections 9 (Figure 3B). Considering only GENCODE-annotated genes, CLC2 with 492 is second only to 10 Lnc2Cancer (n= 512) in terms of size (40). However, Lnc2Cancer uses looser inclusion 11 criteria, including IncRNAs that are differentially expressed in tumours without additional 12 functional evidence. The three remaining databases are smaller (<200 genes). Importantly, 13 CLC2 holds the greatest number of unique genes, i.e. those that are not found in other 14 databases (n=225). These contain 118 literature-annotated cases, and also 95 novel 15 mutagenesis IncRNAs. Just 40 IncRNAs are common to all five databases (37-40). In 16 summary, CLC2 achieves large size without compromising on confidence, while also including 17 numerous new cancer IncRNAs for the first time.

18

19 Unique genomic properties of CLC2 IncRNAs

20 Cancer genes, both protein-coding and not, display elevated characteristics of 21 essentiality and clinical importance compared to other genes (4, 18, 51, 52). In order to confirm 22 their quality as a resource, we next asked whether CLC2 IncRNAs, and the mutagenesis 23 subset, display features expected for cancer genes.

In the following analyses, we compared gene features of selected IncRNAs to all other IncRNAs. Comparison of gene sets can often be confounded by covariates such as gene length or gene expression, therefore where appropriate we used control gene sets that were matched to CLC2 by expression (denoted "nonCLCmatched") (SUPP FIG 4A) and reported findings correcting for gene length (SUPP FIG 4B).

Evolutionary conservation and steady-state expression are widely-used proxies for gene function (53–55). Using the LnCompare tool (56), we find that the promoters and exons of CLC2 genes display elevated evolutionary conservation in mammalian and vertebrate phylogeny (Figure 4A) and elevated expression in cancer cell lines (Figure 4B). Strikingly we observe a similar effect when considering the mutagenesis lncRNAs alone: their promoters are significantly more conserved than expected by chance, and their expression is an order of magnitude higher than other lncRNAs (Figure 4C and D).

8 Further, we found that CLC2 IncRNAs are enriched in repetitive elements (SUPP FIG 9 5A) and are more likely to house a small RNA gene, possibly indicating that some act as 10 precursor transcripts (SUPP FIG 5B). CLC2 IncRNAs also have non-random distributions of 11 gene biotypes, being depleted for intergenic class and enriched in divergent orientation to 12 other genes (SUPP FIG 5C).

In summary, CLC2 IncRNAs are significantly more conserved and more expressed
 than expected by chance, pointing to biological function. Mutagenesis IncRNAs discovered by
 the CLIO-TIM also carry these features, supports their designation as functional cancer
 IncRNAs.

17

18 CLC2 IncRNAs display consistent tumour expression changes and prognostic 19 properties

Although gene expression was not a criterion for inclusion, we would expect that CLC2 IncRNAs' expression will be altered in tumours. Furthermore, one might expect that the nature of this alteration should vary with disease function: oncogenes overexpressed, and tumour suppressors downregulated.

To test this, we analysed TCGA RNA-sequencing (RNA-seq) data from 686 individual tumours with matched healthy tissue (total n=1,372 analysed samples) in 20 different cancer types (SUPP FIG 6A and B), and classified every gene as either differentially expressed (in at least one cancer subtype, with log2 Fold Change >1 and FDR <0.05) or not. We found that CLC2 IncRNAs are 3.4-fold more likely to be differentially expressed compared to expression-

matched IncRNAs (Figure 5A). LncRNAs from each individual evidence source (literature,
 mutagenesis, CRISPRi) behaved similarly, again supporting their inclusion. Similar effects
 were found for pc-genes (SUPP FIG 7A).

Next, we asked whether the direction of expression change corresponds to gene
function. Indeed, oncogenes are enriched for overexpressed genes, whereas tumour
suppressors are enriched for down-regulated genes, supporting the functional labelling
scheme (Figure 5B).

8 Cancer genes' expression is often prognostic for patient survival. By correlating 9 expression to patient survival, we found that the expression of 392 CLC2 IncRNAs correlated 10 to patient survival in at least one cancer type (SUPP FIG 7C). When analysing the most 11 significant correlation of each CLC2 IncRNA compared to expression-matched nonCLC 12 IncRNAs, we find a weak but significant enrichment (SUPP FIG 7C), suggesting that CLC2 13 IncRNAs can be prognostic for patient survival.

14 In summary, gene expression characteristics of CLC2 genes, and subsets from 15 different evidence sources, support their functional labels as oncogenes and tumour 16 suppressors and is more broadly consistent with their important roles in tumorigenesis.

17

18 CLC2 IncRNAs are enriched with cancer genetic mutations

19 Cancer genes are characterized by a range of germline and somatic mutations that 20 lead to gain- or loss-of-function. It follows that cancer IncRNAs should be enriched with 21 germline single nucleotide polymorphisms that have been linked to cancer predisposition (57). 22 We obtained 5,331 germline cancer-associated single nucleotide polymorphisms (SNPs) from 23 genome-wide association studies (GWAS) (58) and mapped them to IncRNA and pc-gene 24 exons, calculating a density score that normalises for exon length (SUPP FIG 4B). As 25 expected, exons of known cancer pc-genes are >2-fold enriched in cancer SNPs (SUPP FIG 26 7B). When performing the same analysis with CLC2 IncRNAs, one observes an even more 27 pronounced enrichment of 4.0-fold when comparing to expression-matched nonCLC IncRNAs 28 (Figure 5C). Once again, the IncRNAs from each evidence source individually show enrichment for cancer SNPs >2-fold (Figure 5C). Three mutagenesis IncRNAs, namely *miR143HG/CARMN, LINC00511* and *LINC01488*, carry an exonic cancer SNP (Figure 5D).
Cancer genes are also frequently the subject of large-scale somatic mutations, or copy
number variants (CNVs). Using a collection of CNV data from LncVar (59), we calculated the
gene-span length-normalized coverage of IncRNAs by CNVs. CLC2 IncRNAs are enriched for
CNVs compared to all IncRNAs (Figure 5E).
All information of the IncRNAs in the CLC2 with the corresponding cancer function,

8 evidence level, analysis method and cancer types can be found in the Supplementary Table

9 1. The Supplementary Table 2 can be used to filter IncRNAs based on their reported cancer

10 associated functionalities.

11 In summary, CLC2 IncRNAs and their subsets display germline and somatic mutational

12 patterns consistent with known oncogenes and tumour suppressors.

1 Discussion

2 We have presented the Cancer LncRNA Census 2, an expanded collection of IncRNAs 3 with functional roles in cancer. CLC2 is distinguished from other resources by several key 4 features. All its constituent IncRNAs have strong evidence for functional cancer roles (and not 5 merely differential expression), providing for lowest possible false positive rates. All CLC2 6 IncRNAs are included in the gold-standard GENCODE annotation, permitting smooth 7 interoperability with almost all public genomics projects and resources (12). The majority of 8 CLC2 entries are accompanied by functional labels (oncogene / tumour suppressor), enabling 9 one to link function to other observable features. Finally, we utilise transposon insertional 10 mutagenesis (TIM) datasets for the first time to discover 102 "mutagenesis" IncRNAs, of which 11 95 are completely novel. In spite of strict inclusion criteria, CLC2 is amongst the largest 12 available cancer IncRNA collections. Most striking, is that it contains the greatest number of 13 "unique" IncRNAs, not found in other resources. Overall, CLC2 makes a valuable addition to 14 the present landscape of cancer IncRNA resources.

15 A key novelty of CLC2 is its use of automated gene curation based on functional 16 evolutionary conservation, as inferred from TIM. This responds to the challenge from the rapid 17 growth of scientific literature, which makes manual curation increasingly impractical. Other high-throughput / automated methods like CRISPR pooled screening, text mining and 18 19 machine learning will also be important, although it will be necessary to vet the quality of such 20 predictions prior to inclusion. Here we showed one way approach for this, by assessing the 21 TIM gene set across a range of genomic and clinical features. The fact that the "mutagenesis" 22 IncRNA set display rates of (i) nucleotide conservation, (ii) expression, (iii) tumour differential 23 expression, (iv) germline cancer polymorphisms and (v) tumour mutations similar to that of 24 gold-standard literature curated lncRNAs, coupled to thorough experimental validation of one 25 novel prediction (LINC00570), is powerful support for TIM and functional evolutionary 26 conservation as means for new cancer IncRNA discovery.

It might be argued that hits from TIM sites could be false positives that act via DNA
elements (for example, enhancers) that, by coincidence, overlap a non-functional lncRNA.

1 While certainly likely to occur in some cases, it would nevertheless appear unlikely to explain 2 the majority, in light of the features listed above, plus the observation that TIM sites are highly 3 enriched in independently-validated literature-curated IncRNAs (which act via RNA) including 4 NEAT1, LINC-PINT and PVT1 (42). In spite of this, we recognise that some colleagues may 5 ascribe lower confidence to novel "mutagenesis" IncRNAs in CLC2. For this reason, the CLC2 6 data table is organised to facilitate filtering by source, enabling users to extract only the 375 7 literature-supported cases, or indeed any other subset based on source, evidence or function 8 as desired.

9 Apart from its usefulness as a resource, this study has enabled some important 10 conceptual insights. Firstly, we have replicated our previous finding that cancer IncRNAs are distinguished by signatures of functionality, as inferred from evolutionary nucleotide 11 12 conservation and expression. These features were originally linked to protein-coding cancer 13 genes (51, 52), but are also utilised as markers for IncRNA functionality (42, 60). Moreover, 14 we extended this approach to clinical features, by showing that curated cancer IncRNAs are 15 dramatically more likely to be differentially expressed in tumours, suffer copy number 16 alteration, or carry a germline predisposition SNP. In the latter case, this rate even exceeds 17 cancer driver protein-coding genes. We also could demonstrate that changes in gene 18 expression in tumours are linked to function: oncogenes tend to be overexpressed, while 19 tumour-suppressors tend to be repressed. Finally, the demonstration that cancer IncRNAs can 20 be predicted on the basis of orthology to a TIM hit in mouse, lends powerful support to the 21 notion that there is widespread functional evolutionary conservation of IncRNAs in networks 22 related to cell growth and transformation.

LINC00570 is a new functional cancer IncRNA predicted by CLIO-TIM. The gene was previously discovered by Orom and colleagues, as a *cis*-activating enhancer-like RNA named *ncRNA-a5* (48). That and a subsequent study showed that perturbation by siRNA transfection affects the expression of the nearby pc-gene *ROCK2* in HeLa. However, these studies did not investigate the effect on cell proliferation. We here show by means of two independent

perturbations, that *LINC00570* promotes proliferation of HeLa and HCT116 cells. These
 findings make *LINC00570* a potential therapeutic target for follow up.

3 Intriguingly, amongst the novel mutagenesis IncRNAs identified by CLIO-TIM are 4 genes previously linked to other diseases. miR143HG/CARMEN1 (CARMN) was shown to 5 regulate cardiac specification and differentiation in mouse and human hearts (61). In addition 6 to being a TIM target, CARMEN1 also contains a germline cancer SNP correlating to the risk 7 of developing lung cancer (62), adding further weight to the notion that it also plays a role in 8 oncogenesis. Similarly, DGCR5, is located in the DiGeorge critical locus and has been linked 9 to neurodevelopment and neurodegeneration (63), and was recently implicated as a tumour suppressor in prostate cancer (64). These results raise the possibility that developmental 10 11 IncRNAs can also play roles in cancer. 12 In summary, CLC2 establishes a new benchmark for cancer IncRNA resources. We

hope this dataset will enable a wide range of studies, from bioinformatic identification of new
 disease genes, to developing a new generation of cancer therapeutics with anti-IncRNA ASOs
 (65).

1 Material and Methods

2 Gene curation

3 If not stated otherwise, GENCODE v28 gene IDs (gencode.v28.annotation.gtf) were used. Literature search. PubMed was searched for publications linking IncRNA and cancer using 4 5 keywords: long noncoding RNA cancer, IncRNA cancer. Additional inclusion criteria consisted 6 of GENCODE annotation, reported cancer subtype and cancer functionality 7 (oncogene/tumour suppressor). The manual curation and assigning evidence levels to each 8 IncRNA was performed exactly as previously (42) and included reports until December 2018. 9 **CLIO-TIM.** From the CCGD website (http://ccgd-starrlab.oit.umn.edu/about.php, May 2018 10 (41)) a table with all CIS elements was downloaded. These mouse genomic regions 11 (mm10) were converted to homologous regions in the human genome assembly hg38 using 12 the LiftOver tool (https://genome.ucsc.edu/cgi-bin/hgLiftOver). Settings: original Genome was 13 Mouse GRCm38/mm10 to New Genome Human GRCh38/hg38, minMatch was 0.1 and 14 minBlocks 0.1. For insertion sites intersecting several IncRNA genes, all the genes were 15 reported. IntersectBed from bedtools was used to align human insertion sites to GENCODE 16 IDs by intersecting at least 1nt and assigned to protein-coding or IncRNA gene families. 17 Insertion sites aligning to protein-coding and IncRNA genes were always assigned to proteincoding genes. If insertion sites overlap multiple ENSGs, all genes are reported. Insertion sites 18 19 not aligning to protein-coding or IncRNAs genes were added to the intergenic region.

20 CCGD human Entrez gene results were converted to GENCODE IDs using the "Entrez gene
21 ids" Metadata file from <u>https://www.gencodegenes.org/human/</u> to compare CLIO-TIM results
22 with CCGD results for each gene set.

MiTranscriptome data for evaluating intergenic insertion sites. The cancer associated MiTranscriptome IDs (24) previously used in Bergada et al. (66) were intersected with intergenic insertion sites using IntersectBed. With ShuffleBed the intergenic insertions were randomly shuffled 1000x and assigned to MiTranscriptome IDs.

CRISPRi. We used the Supplementary Table 1 from the 2017 Liu et al. paper (45) to extract
ENST IDs and gene names which are then converted to GENCODE IDs to match each guide

(LH identifier in the screen). From Supplementary Table S4 from the 2017 Liu et al. paper
(Liu_et_al_aah7111-TableS4) (45) we extracted genes with "hit" (validated as a hit in the
screen), "LH" (unique identifiers correlating to a gene in the screen) and "IncRNA" (referring
to a IncRNA gene and to exclude IncRNA hits close to a protein-coding gene ("Neighbor hit"))
resulting in 499 hits. Of these, 322 hits contain a GENCODE IDs and were used for enrichment
analysis, tested by one-sided Fisher's test.

We included n=21 CRISPRi genes to the CLC2 from the Supplementary Figure 8A from the
2017 Liu et al. paper (45), the tested cancer cell line and the effect of the CRISPRi on the
growth phenotype (either promoting (tumor suppressor) or inhibiting (oncogene)) of each
IncRNA was reported.

Cancer gene sets. For downstream analysis protein-coding (pc) genes (GENCODE IDs) are grouped in cancer-associated pc-genes (CGC genes) and non cancer-associated pc-genes (nonCGC n=19,174). The TSV file containing the CGC data was downloaded from <u>https://cancer.sanger.ac.uk/census</u> with 700 ENSGs with 698 ENSG IDs detected in GENCODE v28 of which 696 are unique (CGC n=696). The same is done for IncRNAs, into CLC2 (n=492) and nonCLC genes (n= 15,314).

Matched expression analysis. Based on an in house script used for Survival analysis (section below), TCGA survival expression data for each GENCODE ID is reported and the average FPKM across all tumor samples is calculated. The count distribution of nonCGC and nonCLC gene expression to CGC and CLC2 expression, respectively, is matched using the matchDistribution.pl script (https://github.com/julienlag/matchDistribution).
Cancer IncRNA databases. The tested databases were first filtered for IncRNAs in the

23 GENCODE v28 long noncoding annotation (n=15,767).

24Lnc2cancerGENCODEIDsfromdatatable(http://www.bio-25bigdata.com/Inc2cancer/download.html) were evaluated (n=512) (40).

26 **CRIncRNA** gene names from (<u>http://crlnc.xtbg.ac.cn/download/</u>) were converted to

27 GENCODE IDs (n=146) (38).

EVIncRNAs gene names (<u>http://biophy.dzu.edu.cn/EVLncRNAs/</u>) were converted to
 GENCODE IDs (n=187) (39).

- 3 IncRNADisease from gene names 4 (http://www.rnanut.net/Incrnadisease/index.php/home/info/download) and only cancer-5 associated transcripts (carcinoma, lymphoma, cancer, leukemia, tumor, glioma, sarcoma, 6 blastoma, astrocytoma, melanoma, meningioma) were extracted. Names were converted to 7 GENCODE IDs (n=137) (37).
- 8

9 Features of CLC2 genes

10 **Genomic classification.** The genomic classification was performed as previously (42) using

11aninhousescript(https://github.com/gold-12lab/shared scripts/tree/master/IncRNA.annotator).

Small RNA analysis. For this analysis "snoRNA", "snRNA", "miRNA" and "miscRNA" coordinates were extracted from GENCODE v28 annotation file and intersected with the genomic region of the genes (intronic and exonic regions).

16 Repeat elements. In total 452 CLC2 IncRNAs compared to 1693 expression-matched
17 nonCLC IncRNAs using the LnCompare Categorical analysis
18 (http://www.rnanut.net/Incompare/) (56).

19 Feature analysis. In total 452 CLC2 IncRNAs and 120 mutagenesis IncRNAs are compared

20 to the GENCODE v24 reference using LnCompare (<u>http://www.rnanut.net/lncompare/</u>) (56).

21

22 Cancer characteristic analysis

Differential gene expression analysis (DEA). was performed using TCGA data and
 TCGAbiolinks. Analysis was performed as reported in manual for matching tumor and normal
 tissue samples using the HTseq analysis pipeline as described previously.

26 (https://www.bioconductor.org/packages/devel/bioc/vignettes/TCGAbiolinks/inst/doc/analysis

27 <u>.html</u>) (67). For this analysis only matched samples were used and the TCGA data was

28 presorted for tumor tissue samples (TP with 01 in sample name) and solid tissue normal (NT

1 with 11 in sample name). Settings used for DEA analysis: fdr.cut = 0.05, logFC.cut = 1 for 2 DGE output between matched TP and NT samples for 20 cancer types. CLC2 cancer types 3 had to be converted to TCGA cancer types (Supp Fig 6A) Cancer types and number of samples used in the analysis can be found in Supp Fig 6B. DEA enrichment analysis tested 4 5 with one-sided Fisher's test. For each CLC2 gene reported as true oncogene (n=275) or tumor 6 suppressor (n=95), hence where no double function is reported (n=22), the positive and 7 negative fold change (FC) values were counted and compared to expression-matched lncRNA 8 genes found in the DEA.

9

10 Survival analysis. An inhouse script for extracting TCGA survival data was used to generate 11 p values correlating to survival for each gene. Expression and clinical data from 33 cohorts 12 from TCGA with the "TCGAbiolinks" R package 13 (https://bioconductor.org/packages/release/bioc/html/TCGAbiolinks.html) were downloaded 14 (67). P value and Hazard ratio were calculated with the Cox proportional hazards regression 15 model "Survival" R from package (https://cran.r-16 project.org/web/packages/survival.pdf). All scripts were adapted from here 17 (https://www.biostars.org/p/153013/) and are available upon request. For downstream 18 analysis, only groups with at least 20 patient samples in high or low expression group were 19 used. The plot comprises only the most significant cancer survival p value per gene and was 20 assessed by the Komnogorow-Smirnow-Test (ks-test).

21

Cancer-associated SNP analysis. SNP data linked to tumor/cancer/tumour were extracted from the GWAS page (https://www.ebi.ac.uk/gwas/docs/file-downloads) (n=5,331) and intersected with the whole exon body of the genes. SNPs were intersected to the transcript bed file and plotted per nt in each subset (SNP/nt y axis) and tested using one-sided Fisher's test.

27 CNV analysis. Human CNV in IncRNAs downloaded from
28 http://bioinfo.ibp.ac.cn/LncVar/download.php (59). NONCODE IDs were converted to

1 GENCODE IDs using NONCODEv5 hg38.IncAndGene.bed.gz. CLC2 and nonCLC ENSGs

2 were matched to NONHSAT IDs with a significant pvalue (0.05, n=733) in the LncVAR table

3 and tested using one-sided Fisher's test.

4 **Code availability.** Custom code are available from the corresponding author upon request.

5

6 In vitro validation

Cell culture. HeLa and HCT116 were cultured on Dulbecco's Modified Eagles Medium
(DMEM) (Sigma-Aldrich, D5671) supplemented with 10% Fetal Bovine Serum (FBS)
(ThermoFisher Scientific, 10500064), 1% L-Glutamine (ThermoFisher Scientific, 25030024),
1% Penicillin-Streptomycin (ThermoFisher Scientific, 15140122). Cells were grown at 37°C
and 5% CO2 and passaged every two days at 1:5 dilution.

Generation of Cas9 stable cell lines. HeLa cells were infected with lentivirus carrying the Cas9-BFP (blue fluorescent protein) vector (Addgene 52962). HCT116 were transfected with the same vector using Lipofectamine 2000 (ThermoFisher Scientific, 11668019). Both cell types were selected with blasticidin (4ug/ml) for at least five days and selected for BFPpositive cells twice by fluorescence activated cell sorting.

17 **CRISPR inhibition sgRNA pair design and cloning.** sgRNA pairs targeting *LINC00570* were designed using GPP sgRNA designer (https://portals.broadinstitute.org/gpp/). The 18 19 sgRNA pairs were manually selected from the output list and cloned into the pGECKO 20 **GTTACTTCCAACGTACCATG** 3', CRISPRi.2: backbone (CRISPRi.1: 5' 5' CCTGTACCCCCATGGTACGT 3') (Addgene 78534; (68)) 21

Antisense LNA 22 GapmeR design. Antisense LNA GapmeR Control (5) AACACGTCTATACGC 3') and three Antisense LNA GapmeR Standard targeting LINC00570 23 24 (LNA1: 5' GGAAATTGCTCTGATG 3', LNA2: 5' GATTGGCATTGGGATA 3', LNA3: 5' GAAGTGGCCTGAGAAA 3') were designed and purchased at Qiagen. 25

RT-qPCR. For each time point total RNA was extracted and reverse transcribed (Promega).
Transcript levels of *LINC00570* (FP: 5' TAGGAGTGCTGGAGACTGAG 3', RP: 5' *GTCGCCATCTTGGTTGTCTG 3'*) and housekeeping gene *HPRT1* (FP: 5'

ATGACCAGTCAACAGGGGACAT 3', RP: 5' CAACACTTCGTGGGGTCCTTTTCA 3') were
 measured using GoTaq qPCR Master Mix (Promega, A6001) on a TaqMan Viia 7 Real-Time
 PCR System. Data were normalized using the ΔΔCt method (69)).
 Gene-specific RT-PCR and cDNA amplification. From the extracted total RNA, we

performed a gene specific reverse transcription using the reverse primers for *LINC00570* and *HPRT1* to enrich for their cDNA. Presence or absence of transcript was detected by a regular
PCR using GoTaq® G2 DNA Polymerase (Promega, M7841) from 100ng cDNA and
visualized on an agarose gel.

9 Viability assay. HeLa and HCT116 cells were transfected with Antisense LNA GapmeRs at
a concentration of 50nM using Lipofectamine 2000 (Thermofisher) according to
manufacturer's protocol. One day after, transfected cells were plated in a white, flat 96-well
plate (3000 cells/well). Viability was measured in technical replicates using CellTiter-Glo 2D
Kit (Promega) following manufacturer's recommendations at 0, 24, 48, 72 hours after seeding.
Luminescence was detected with Tecan Reader Infinite 200. Statistical significance calculated
by t-test.

For CRISPR inhibition experiments, HeLa-Cas9 and HCT116-Cas9 cells were transfected with control sgRNA plasmid and two *LINC00570* targeting plasmids. Cells were selected with puromycin (2ug/ml) for 48h. Viability assay was performed as previously described.

19

1 Figure Legends

2 Figure 1: Functional cancer IncRNAs from three sources are integrated in the CLC2.

A) Literature curation with four criteria are used to define "literature lncRNAs". B) Transposon
 insertion mutagenesis screens identify "mutagenesis lncRNAs". C) Validated hits from
 CRISPRi proliferation screens are denoted "CRISPRi lncRNAs". Statistical significance
 calculated by one-sided Fisher's test.

7

8 Figure 2: The CLIO-TIM pipeline identifies human cancer IncRNAs via functional 9 evolutionary conservation.

10 A) Overview of transposon insertional mutagenesis (TIM) method for identifying functional 11 cancer genes. Engineered transposons carry bidirectional cassettes capable of either blocking 12 or upregulating gene transcription, depending on orientation. Transposons are introduced into 13 a population of cells, where they integrate at random genomic sites. The cells are injected into 14 a mouse. In some cells, transposons will land in and perturb expression of a cancer gene 15 (either tumour suppressor or oncogene), giving rise to a tumour. DNA of tumour cells is 16 sequenced to identify the exact location of the transposon insertion. Clusters of such insertions 17 are termed Common Insertion Sites (CIS). B) (Left) Schematic of the CLIO-TIM pipeline used here to identify human cancer genes using mouse CIS. (Right) An example of a CLIO-TIM 18 19 predicted cancer IncRNA. C) The density of hCIS sites, normalised by gene length, in indicated 20 classes of IncRNAs. Statistical significance calculated by one-sided Fisher's test. D) Upper 21 panels: Expression of LINC00570 RNA in response to inhibition by CRISPRi (left) or ASOs 22 (right). Lower panels: Measured populations of the same cells over time. Statistical 23 significance calculated by Student's *t*-test.

24

Figure 3: An overview of the CLC2 database and comparison with other IncRNA databases.

A) The CLC2 database broken down by source, function and evidence type. B) Comparison
of CLC2 to other leading cancer IncRNA databases.

1 Figure 4: Features of functionality in CLC2 and mutagenesis IncRNAs.

2 In each panel, two gene sets are compared: the test set (either all CLC2 genes, or 3 mutagenesis genes alone), and the set of all other IncRNAs (GENCODE v24). Y-axis: Log2 4 fold difference between the means of gene sets. X-axis: false-discovery rate adjusted 5 significance, calculated by Wilcoxon test. A) Evolutionary conservation for all CLC2, 6 calculated by PhastCons. B) Expression of all CLC2 in cell lines. C) Evolutionary conservation 7 for mutagenesis IncRNAs, calculated by PhastCons. D) Expression of mutagenesis IncRNAs 8 in cell lines. For (A) and (C), "Promoter mean" and "Exon mean" indicate mean PhastCons scores (7-vertebrate alignment) for those features, while "Exon-coverage" indicates percent 9 10 coverage by PhastCons elements. Promoters are defined as a window of 200 nt centered on 11 the transcription start site.

12

13 Figure 5: Clinical features of CLC2 IncRNAs.

14 A) The percent of indicated genes that are significantly differentially expressed in at least one 15 tumour type from the TCGA. Statistical significance calculated by one-sided Fisher's test. B) 16 Here, only differentially expressed genes from (A) are considered. LncRNAs with both tumour 17 suppressor and oncogene labels are excluded. Remaining IncRNAs are divided by those that 18 are up- or down-regulated (positive or negative fold change). Statistical significance calculated 19 by one-sided Fisher's test. C) The density of germline cancer-associated SNPs is displayed. 20 Only SNPs falling in gene exons are counted, and are normalised to the total length of those 21 exons. Statistical significance calculated by one-sided Fisher's test. D) Examples of 22 mutagenesis IncRNAs with an exonic cancer SNP. E) Length-normalised overlap rate of copy 23 number variants (CNVs) in IncRNA gene span. Statistical significance calculated by one-sided 24 Fisher's test.

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1 Supplementary Data

- **Supplementary Table 1:** Excel table with all CLC2 and cancertype and evidence level
- **Supplementary Table 2:** Excel table with all CLC2 ENSG with cancer functionality

5 Supplementary Figures

SUPP. Figure 1: Insertion analysis

A) All insertion sizes after Liftover compared to GENCODE v28 gene length. Number of input
CIS elements in mouse compared to hCIS elements in human after Liftover. B) Assign genes
to GENCODE v28 genes and gene families. C) CCGD reported genes (dark) and CLIO-TIM
reported genes (fade) for each gene class. D) Genes with insertion categorized in gene types.
Statistical significance calculated by one-sided Fisher's test. E) Assign intergenic regions to
MiTranscriptome IDs and compare to shuffled hCIS overlayed with MiTranscriptome IDs.
Example of one insertion site with MiTranscriptome ID.

SUPP. Figure 2: *LINC00570* insertion candidate characteristics.

A) ENCODE expression data of *LINC00570* in HeLa (blue) and HCT116 cells (black). B) Cell
proliferation of HeLa cells treated with ASO negative control and ASO 3 at Day 1, 2 and 3. C)
Proliferation assay for HCT116 cells with ASO control and the three ASO targeting *LINC00570*. Statistical significance calculated by Student's *t*-test. D) RT-PCR of *LINC00570*and *HPRT1* from HCT116 cells to check for expression.

SUPP. Figure 3: comparison of first CLC and CLC2.

A) CLC2 genes are detected in 33 cancer types and compared to 29 in the first CLC. CLC
 reported n=122 literature lncRNAs whereas CLC2 comprises 492 genes from 3 different
 analysis. B) Comparing evidence levels of genes from the initial CLC with the CLC2.

1 **SUPP. Figure 4:** CLC2 expression and gene length bias.

A) CLC2 genes (turquoise) are higher expressed than nonCLC genes (grey), same for CGC
genes (red) compared to nonCGC genes (orange). Expression-matched CLC2 (blue) and
CGC (yellow) were generated and match the expression of the CLC2 and CGC, respectively.
B) CLC2 genes (turquoise) with increased exon and whole gene body length when compared
to expression-matched (blue) and all other IncRNAs (grey).

- 7
- 8 **SUPP. Figure 5:** CLC2 gene characteristics.

9 A) CLC2 genes are enriched for $\frac{2}{3}$ of the analyzed repeat element families when compared 10 to expression-matched nonCLC genes. Statistical significance calculated by hypergeometric test (highly significant ****=<0.0001). B) CGC and CLC2 genes are enriched for small RNAs 11 12 compared to expression-matched nonCGC and nonCLC, respectively. In the bar graph we 13 report the fraction of genes of each dataset with (dark color) or without (light color) small RNA 14 encoded in the genomic region. Statistical significance calculated by one-sided Fisher's test. 15 C) Genomic classification of CLC2, expression-matched nonCLC and nonCLC genes. 16 Statistical significance calculated by two-sided Fisher's test (*=<0.05).

- 17
- 18 **SUPP. Figure 6:** TCGA cancer types for differential expression analysis.

A) CLC2 cancer types corresponding to TCGA cancer types. B) Samples for each TCGA
 cancer type analyzed for differential expression analysis.

21

22 **SUPP. Figure 7:** Cancer characteristics for all analyzed gene types.

A) Differentially expressed genes enriched in cancer-associated gene families (CGC and
 CLC2). Statistical significance calculated by one-sided Fisher's test. B) exonic cancer SNPs
 enriched in cancer-associated gene families (CGC and CLC2). Statistical significance
 calculated by one-sided Fisher's test. C) survival analysis comparing most significant p-value
 for each lncRNA in the CLC2 compared to expression-matched lncRNAs. Statistical
 significance calculated by ks-test.

1 Acknowledgements

We gratefully acknowledge administrative support from Ana Radovanovic and Silvia
Roesselet (DBMR, University of Bern). We also acknowledge Joana Carlevaro-Fita (EPFL,
Lausanne) and Judith Bergada (University of Zurich) for the helpful advice and discussions
as well as Roberta Esposito, Panagiotis Chouvardas, Hugo Guillen Ramirez and the other
members of the Laboratory for Genomics of LncRNA and Disease for their valuable input.

7

8 Author contribution

9 RJ conceived the project. RJ, AV, AH performed manual annotation of CLC2. AV performed
10 the feature analysis, evolutionary analysis, mutation analysis, differential expression, GWAS
11 SNP, CNV analysis and data integration. AL performed survival analysis. NB performed the
12 ASO and CRISPRi KD experiments. AV, NB and MT performed the qPCR experiments. RJ,
13 AV, AL, NB, MT and SH drafted the manuscript and prepared the figures and supplementary
14 material. All authors read and approved the final draft.

15

16 Conflict of interest

17 The authors declare that they have no competing interests.

18

19 **The Paper Explained**

Problem: Cancer is one of the leading causes of death worldwide. The development of effective therapies depends on creating collections of known cancer genes. These can comprise not only conventional protein coding genes, but also more recently discovered genes like long noncoding RNAs (IncRNAs). LncRNAs are considered highly promising therapeutic targets, however the relatively poor state of knowledge, and the lack of high quality cancer IncRNA collections, represents a significant hurdle to developing IncRNA therapies.

Results: To address the need for collections of cancer IncRNAs, we have developed the
Cancer IncRNA Census 2 (CLC2). CLC2 consists of 492 cancer IncRNAs functionally
validated in 33 cancer subtypes. CLC2 is the first catalogue to incorporate automatic screen

1 data from mice, and is shown to be superior to existing collections across several criteria. We 2 show that CLC2 IncRNAs enriched for cancer associated mutations and tend to be 3 differentially expressed in tumours. 4 Impact: CLC2 is a critical resource for future development of cancer therapies targeting 5 IncRNAs. Analysis of these genes has provided new insights into their biological and clinical 6 properties. 7 8 9 Ethics approval and consent to participate 10 Not applicable. 11 12 **Consent for publication** 13 Not applicable. 14 15 Availability of data and materials 16 Information on CIS elements for mouse and human IncRNAs reported in this publication are 17 available in the Supplementary Table 1 and the code is available from the corresponding 18 author on request. 19 20 21 Funding 22 This work was funded by the Swiss National Science Foundation through the National Center 23 of Competence in Research (NCCR) "RNA & Disease", by the Medical Faculty of the 24 University and University Hospital of Bern, by the Helmut Horten Stiftung and Krebsliga 25 Schweiz (4534-08-2018).

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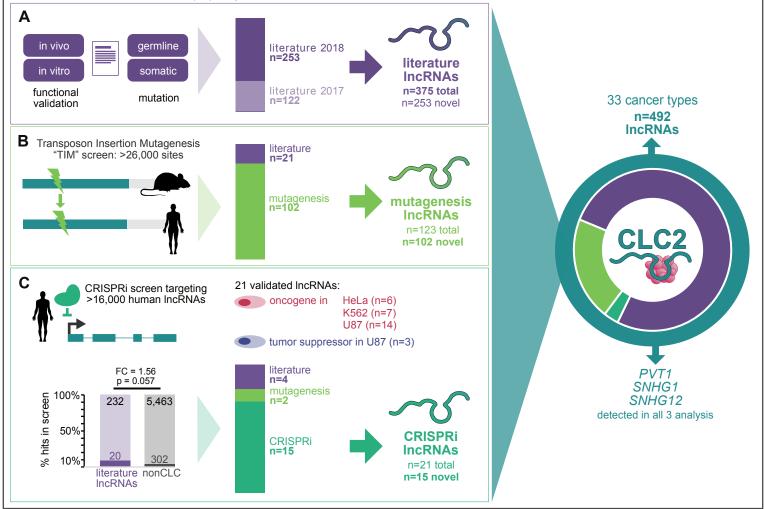


Figure 1

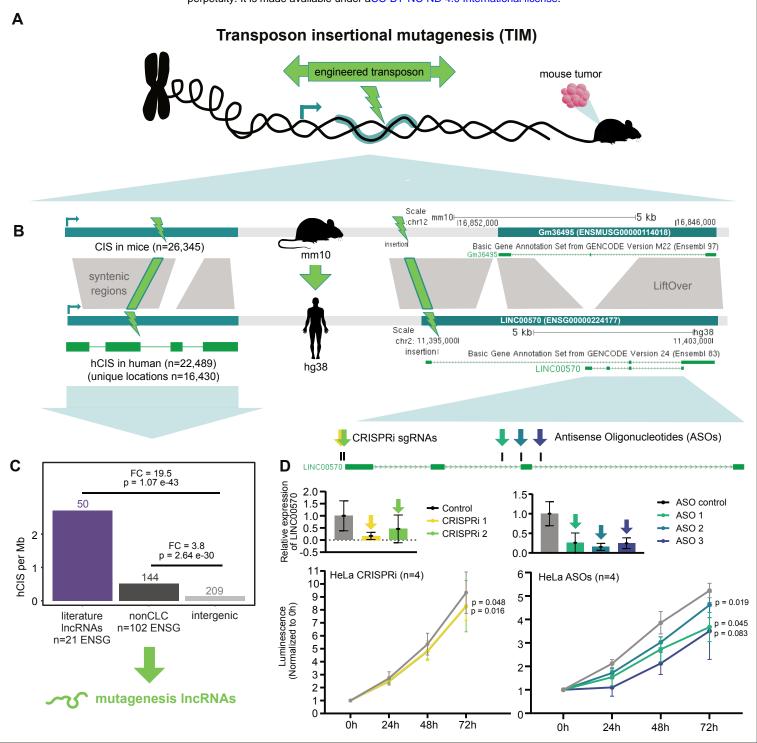


Figure 2

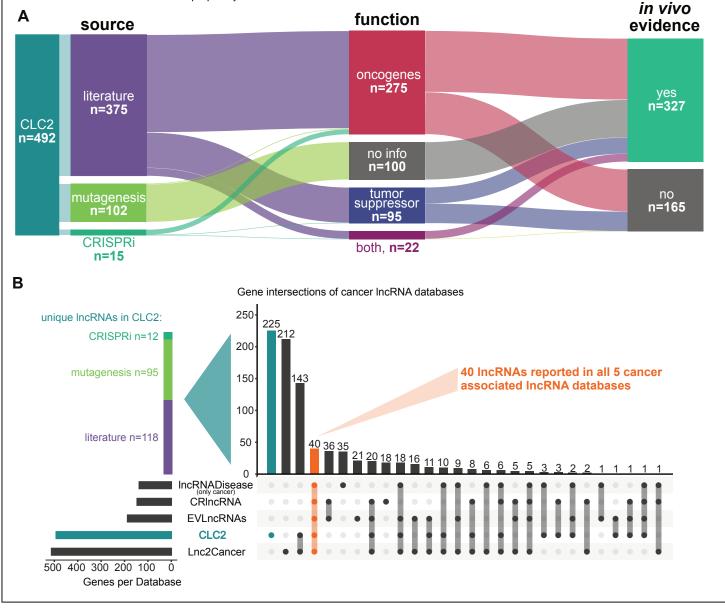
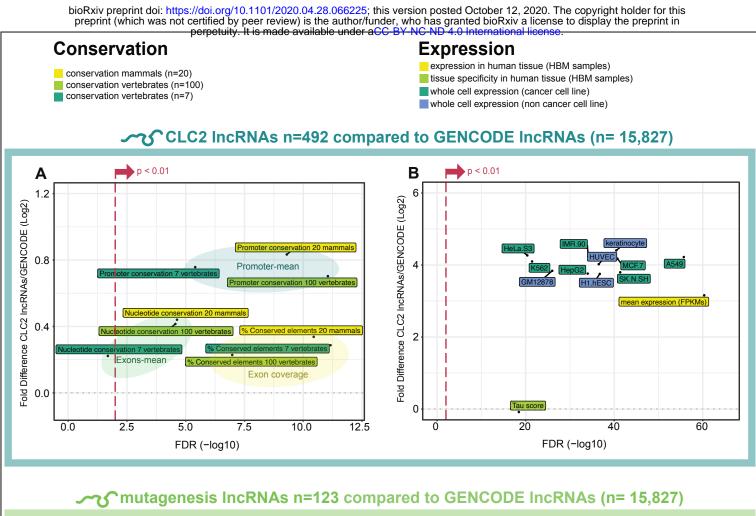


Figure 3



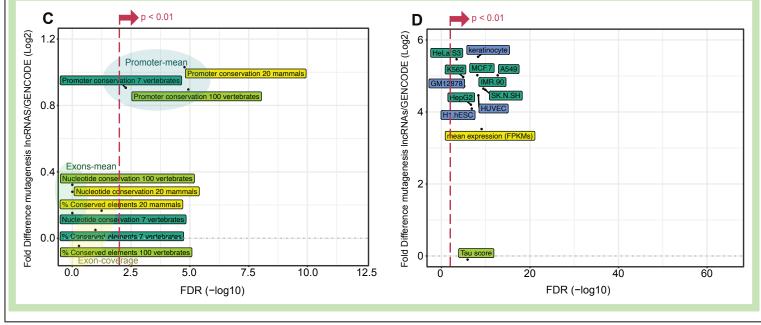


Figure 4

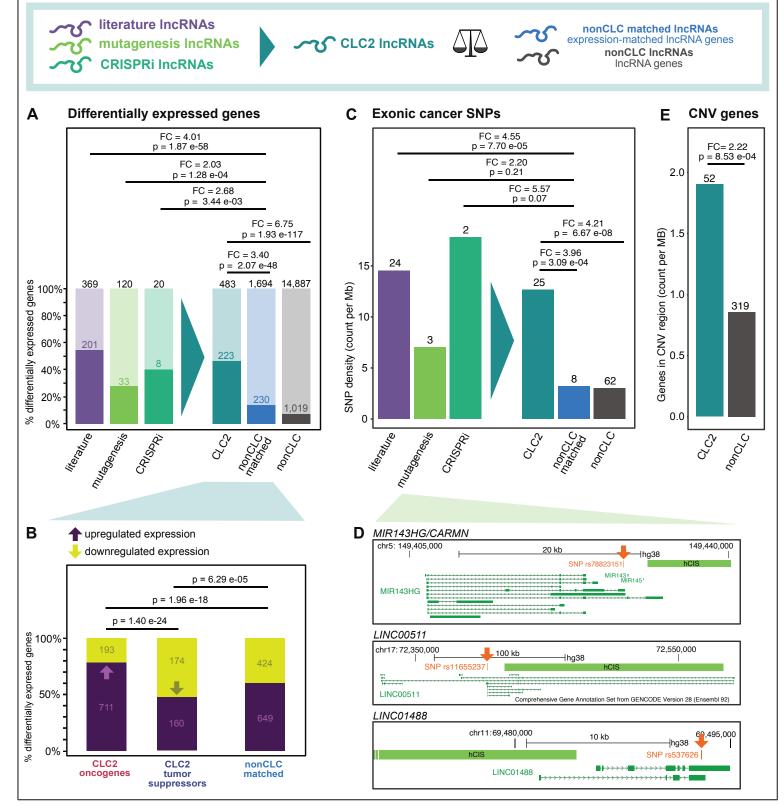
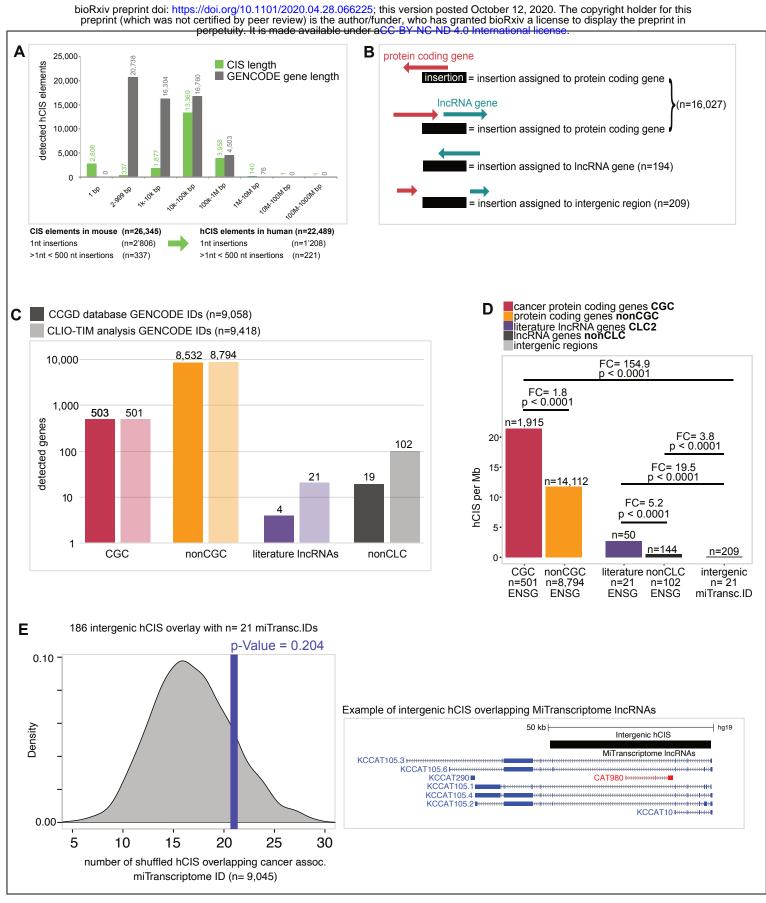
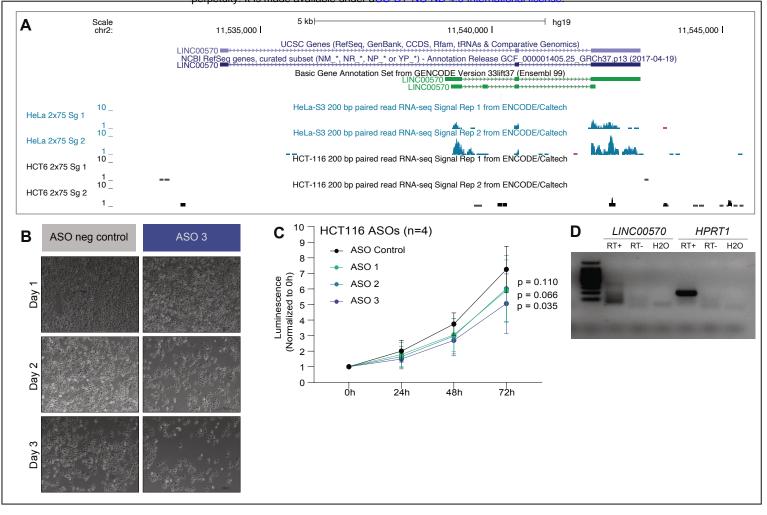


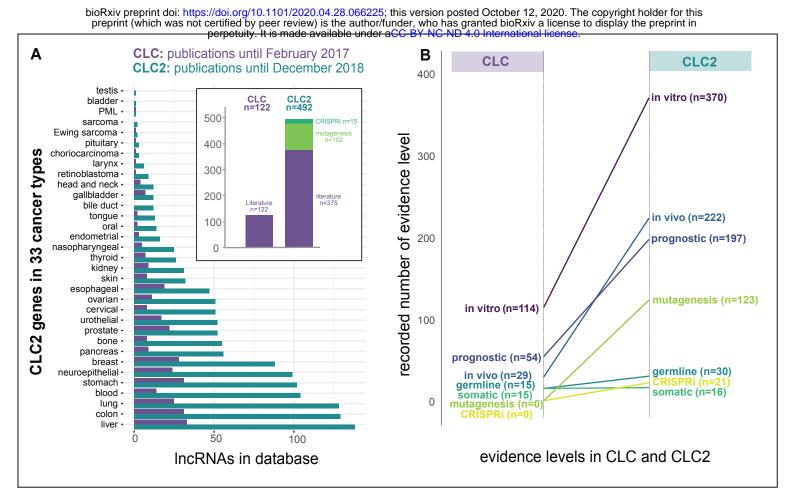
Figure 5



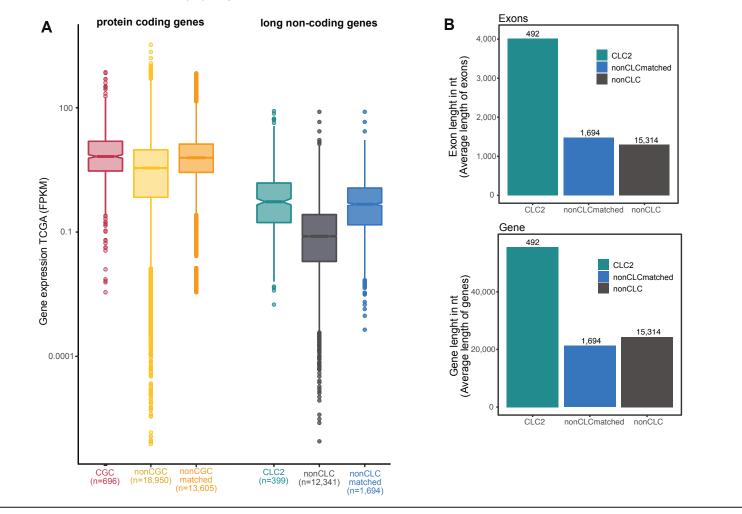
SUPP. Figure 1



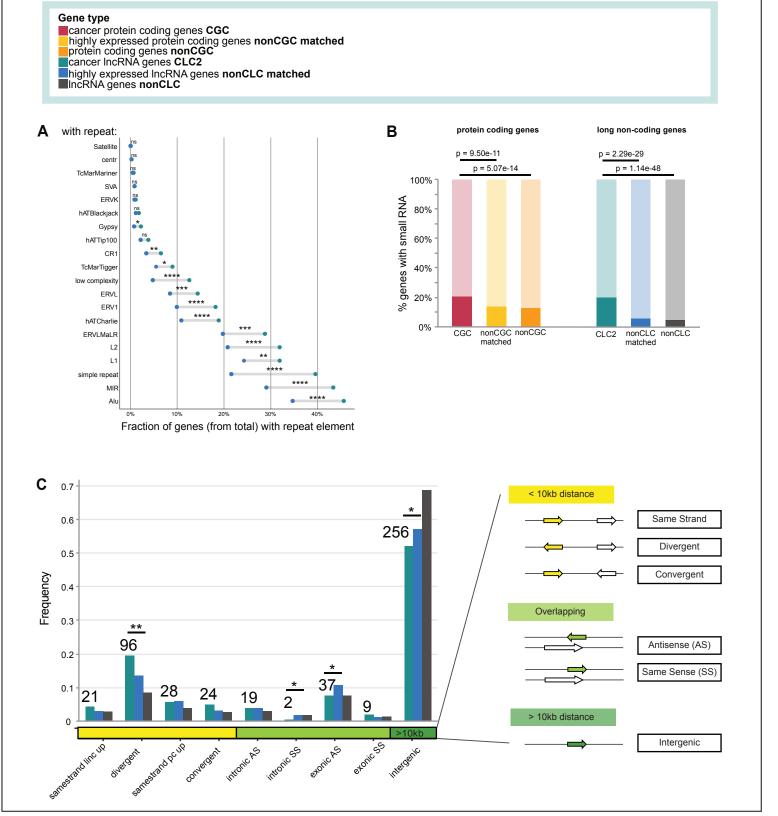
SUPP. Figure 2



SUPP. Figure 3



SUPP. Figure 4



SUPP. Figure 5

CLC2 cancer type	TCGA cancer type
bile duct	CHOL
blood	DLBC
blood	LAML
breast	BRCA
cervical	CESC
colon	COAD
endometrial	UCEC
endometrial	UCS
esophageal	ESCA
head and neck	HNSC
kidney	KIRP
kidney	KIRC
kidney	KICH
liver	LIHC
lung	LUAD
lung	LUSC
neuroepithelial	LGG
neuroepithelial	PCPG
neuroepithelial	GBM
ovarian	OV
pancreas	PAAD
prostate	PRAD
skin	UVM
skin	SKCM
stomach	STAD
testis	TGCT
thyroid	THCA
urothelial	BLCA
sarcoma	SARC

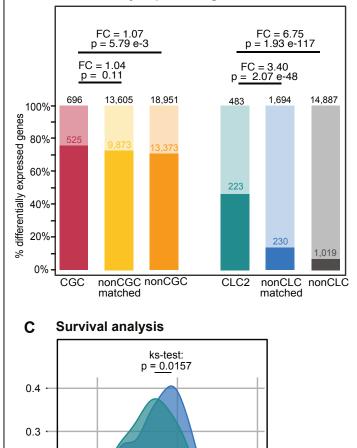
вГ	TCGA cancer type	tumor (01)	healthy (11)	total samples
	TCGA-BLCA	19	19	38
ī	TCGA-BRCA	112	112	224
٦	TCGA-CESC	3	3	6
٦	TCGA-CHOL	9	9	18
٦	TCGA-COAD	41	41	82
٦	TCGA-ESCA	8	8	16
٦	TCGA-HNSC	43	43	86
٦	TCGA-KICH	23	23	46
٦	TCGA-KIRC	72	72	144
٦	TCGA-KIRP	31	31	62
٦	TCGA-LIHC	50	50	100
٦	TCGA-LUAD	57	57	114
٦	TCGA-LUSC	49	49	98
٦	TCGA-PAAD	4	4	8
٦	TCGA-PCPG	3	3	6
٦	TCGA-PRAD	52	52	104
٦	TCGA-SARC	2	2	4
٦	TCGA-STAD	27	27	54
٦	TCGA-THCA	58	58	116
٦	TCGA-UCEC	23	23	46
٦	TOTAL			1372

SUPP. Figure 6

Gene type

Cancer protein coding genes CGC highly expressed protein coding genes nonCGC matched protein coding genes nonCGC cancer lncRNA genes CLC2 highly expressed lncRNA genes nonCLC matched IncRNA genes nonCLC

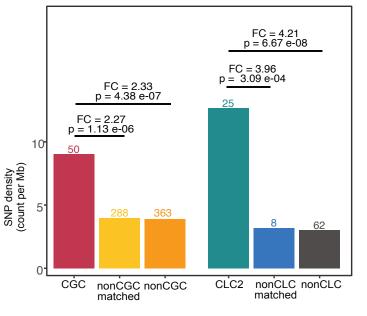
A Differentially expressed genes



0.001

most significant p-value for each IncRNA

B Exonic cancer SNPs





0.0001

density

0.1

0.0