Identifying new regulators of evolutionarily conserved differential

chromosome X dosage compensation

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Abstract

The active X chromosome in mammals is upregulated to balance its dosage to autosomes

during evolution. However, it is elusive why the currently known dosage compensation

machinery showed uneven and small influence on X genes, necessitating systemic

investigation of X dosage in different angles and identification of new dosage regulators. Here,

based on >20,000 transcriptomes, we identified two gene groups (ploidy-sensitive chrX [PSX]

and ploidy-insensitive chrX [PIX] genes) on chromosome X, with distinct sensitivity to genome

ploidy and showing distinct but evolutionarily-conserved (across tissues in both primates and

mouse) dosage compensations (X-over-Autosome dosage Ratio, or XAR). We also

demonstrated that the trends of XAR-PIX and XAR-PSX in cancers were divergent, with XAR-

PIX down-regulated and XAR-PSX up-regulated, compared to corresponding normal tissues,

which was supported at both the RNA and protein level across tissue types. We further

explored potential XAR regulators systematically and identified and experimentally validated

two new independent regulators, mild *TP53* (verified in human) and potent *ATRX* (verified in

both human and mouse), expanding the current dosage compensation machinery with only

the MOF complex in mammals. Lastly, we presented interesting findings of XAR-PIX and XAR-

PSX dynamics during stem cell differentiation and embryo preimplantation, as well as in

female-predominant lupus patients. For example, we showed the opposite trends of XARs

during stem cell differentiation and in cancer. Collectively, we provided insights to further

unravel the mystery of X dosage compensation during evolution.

Introduction

In mammals, females have two X chromosomes while males have only one and females

evolved to silence one copy of X to match the single X copy in males, a phenomenon called X

chromosome inactivation (XCI) (Disteche 2012). Initiated early in female embryo

development, XCI is essentially stable for life after complete (Vallot, et al. 2016). To balance

the dosage between the single active chromosome X and other autosomes with two active

copies, both sexes evolved to upregulate the active X chromosome (Disteche 2012; Deng, et

al. 2013; Larsson, et al. 2019), although with controversies (Xiong, et al. 2010; Julien, et al.

2012).

Meanwhile, some possible mechanisms underlying X upregulation in mammals were revealed,

mainly through epigenetic regulation, including transcription elongation and initiation

enhancement and RNA stability improvement (Deng, et al. 2013). Expectedly, *KAT8* (lysine

acetyltransferase 8, also known as *MOF* or *MYST1*), *MSL1* (male-specific lethal 1 homolog),

and *MSL2*, whose homologs are responsible for X upregulation in Drosophila, were found to

behave similarly in mammals and regulate histone acetylation to enhance transcription

preferably on chromosome X (Deng, et al. 2013). However, it is intriguing that *KAT8* affected

X genes unevenly and only a small percentage of X genes showed considerable effect sizes.

Recently, using published single-cell RNA sequencing datasets, Larsson and colleagues

reported that the frequency of transcriptional bursts was the driving force behind X

upregulation in mouse, and they proposed that trans-acting enhancer-binding regulators may

be the underlying factor behind the higher transcriptional burst frequency of chromosome X

(Larsson, et al. 2019). However, these factors were unknown and the hypothesis of enhancer

factors in X upregulation was not verified.

X dosage plays an important role in cancer initiation, because excessive X upregulation by

somatic X reactivation under chronic stress leads to cancer (Yang, et al. 2020). Although X

upregulation has been contributed to the loss of Barr body (the inactivated X chromosome)

in breast and ovarian cancers (Pageau, et al. 2007), the dynamics of X-over-autosome dosage

ratios (XAR) remain to be studied systematically across cancers, which accumulates a large

number of high-throughput sequencing datasets, for example, The Cancer Genome Atlas

(TCGA) (Davoli, et al. 2013). More importantly, large numbers of cancer mutations and

genome-wide expression profiles from TCGA have the potential to reveal new regulators of

XAR, including both protein-coding and long noncoding RNA (lncRNA) genes, to uncover the

elusive mechanism of dosage compensation in humans. However, these possibilities have not

been explored yet.

In this work, we identified two distinct groups of genes (PIX and PSX) on chromosome X and

characterized their dosage compensations in about 20,000 RNA sequencing (RNA-Seq)

samples from TCGA and the Genotype-Tissue Expression (GTEx) project (GTEx-Consortium

2013) and thousands of proteomic samples from Clinical Proteomic Tumor Analysis

Consortium (CPTAC), providing a systemic view of both XAR-PIX and XAR-PSX in human. We

found that the differential dosage between PIX and PSX genes were evolutionarily conserved.

We also identified and experimentally validated *TP53* as a new specific regulator of XAR-PIX

and *ATRX* as a new regulator of both XAR-PIX and XAR-PSX. We further explored the dynamics

of both XAR-PIX and XAR-PSX during stem cell differentiation and embryo preimplantation,

and in female-predominant autoimmune diseases. Our work provided insights into

understanding of physiological and pathological roles of the evolutionarily conserved

differential X chromosome dosage compensation in humans.

Results

Two groups of chromosome X genes with distinct sensitivities to genome ploidy

We are interested in which genes on chrX require less dosage compensation, since only a

subset of chrX genes were affected after *KAT8* knockdown (Deng, et al. 2013). To this end, we

examined chrX gene sensitivities to genome ploidy, by correlating protein-coding gene

expression levels with genome ploidies of cancer samples from TCGA (Taylor, et al. 2018),

after filtering out non-coding genes and genes with extremely low expression in normal

samples from the Genotype-Tissue Expression (GTEx) project (GTEx-Consortium 2013) (n=615

chrX genes and n=16,622 autosome genes remained, **Table S1**). We identified two groups of

chrX genes (**Fig. 1A,** termed ploidy-sensitive chrX [PSX] genes, and ploidy-insensitive chrX [PIX]

genes, see **Methods**) showing distinct expression distribution. Interestingly, PSX genes (n=286,

Table S1) had highly similar expression pattern to autosome genes (**Fig. 1B**), while PIX genes

(n=329, **Table S1**) had much lower expression levels, with a median of about 2/3 of PSX genes

expression (**Fig. 1C**). Of note, no preference for genes escaping X inactivation (Dunford, et al.

2017) was observed in PSX or PIX.

We found three PIX-specific gene clusters on chrX, compared to PSX genes (**Fig. 1D**).

Interestingly, the PIX cluster located at around 100Mb (hg38) contained eight out of nine

Transcription Elongation Factor A Protein-Like (TCEAL) genes, encoding nuclear

phosphoproteins (Pillutla, et al. 1999). Although most genes from this family were not

intensively studied, most reports suggested that they acted as tumor suppressors, especially

for *TCEAL7* (Lafferty-Whyte, et al. 2010; Yue, et al. 2019). For these tumor suppressors, lower

sensitivity to dosage may protect both males and females from cancer equally. Interestingly,

the chrX region around 100Mb showed the lowest expression level after zygote genome

activation (ZGA) at E4 during embryo implantation (Petropoulos, et al. 2016).

Different features and regulation of PIX and PSX genes

The distinct expression pattern between PIX and PSX genes prompted us to explore their

differential genomic features. First, we found that the lengths (excluding introns) of PIX genes

spanned a large range from 2kb to 8kb, while lengths of PSX genes peaked at around 4kb (**Fig.**

1E). This trend was similar when including introns (**Fig. S1A**). Although GC content of mRNAs

is critical for their storage and decay (Courel, et al. 2019), we found similar GC content

between PIX and PSX genes, although slightly higher in PSX genes (**Fig. S1B**). Moreover, we

observed lower conservation of PIX genes, which had lower expression, than PSX genes (**Fig.**

1F), which resembled the faster-X effect in non-coding regions on chrX (Meisel and Connallon

2013).

RNA half-lives (one type of post-transcriptional regulation) were reported to be longer for X-

linked than autosomal genes (Deng, et al. 2013). Inspired by this, we examined the mRNA

half-lives of PIX and PSX genes by reanalyzing data from a previous study (Tani, et al. 2012).

We found that PIX (4.9h) tended to have shorter mRNA half-lives than PSX genes (6.6h) (**Fig.**

1G), consistent with lower expression levels of PIX than PSX genes.

Evolutionarily conserved differential dosage compensation between PIX and PSX genes

Based on these two groups of chrX genes (PIX and PSX), we calculated two dosage ratios of

chromosome X over autosome (XAR, see **Methods**) to evaluate their dosage compensation,

termed XAR-PIX and XAR-PSX, respectively. As expected, XAR-PSX dosages were around one

across GTEx tissues (**Fig. 2A**), but mostly above one across TCGA cancer types (**Fig. 2B**). In

contrast, XAR-PIX dosages were much lower than XAR-PSX and fluctuating around 0.6 both

across GTEx tissues (**Fig. 2C**) and across TCGA cancer types (**Fig. 2D**). Furthermore, the

difference between XAR-PIX and XAR-PSX were also observed in non-human primates (**Fig.**

2E) and mouse (**Fig. 2F**) across tissues, except for the brain. It suggests that PIX and PSX gene

classification and their dosage compensation are evolutionarily conserved.

Variations in TCGA cancers were generally larger than GTEx tissues for both XAR-PSX and XAR-

PIX, reflecting abnormal dosage regulation across cancers. Surprisingly, across TCGA cancer

types, we observed that XAR-PSX dosages were significantly increased (**Fig. 2G**), while XAR-

PIX showed the opposite trend (**Fig. 2H**), compared to normal tissues from GTEx. Moreover,

most magnitudes of changes (or effect sizes) of both XAR-PSX and XAR-PIX were moderate to

large, as indicated by the Cohen's D statistics. Of note, most tissues or cancer types showed

no XAR difference between males and females, especially for XAR-PIX (**Fig. S2A-D**), which

suggests that the possibility of XAR-PSX upregulation due to reactivation of the inactivated X

in females can be excluded. Accordingly, when investigating proteomic data generated by

mass spectrometry, the opposite trends between XAR-PIX and XAR-PSX were also observed,

comparing primary tumors with normal tissue samples in CPTAC **(Fig. 2I-J)**.

Potential regulators of X dosage compensation were enriched in histone modification

The MSL complex was known to regulate XAR through H4K16 acetylation in both human and

mouse (Deng, et al. 2013). We found that only about 8.8% (29/329) and 10.5% (30/286) of

PIX and PSX genes showed expression changes of more than 1.2-fold after knockdown of the

key MSL component *KAT8* in mouse (Deng, et al. 2013). To identify other new regulators of

XAR, we examined TCGA mutation spectrums that may be associated with XAR in each cancer

type. We reasoned that mutated XAR regulators should result in differential XAR compared

with wildtype regulators. In total, we obtained 209 and 515 potential regulators (FDR < 0.5)

for XAR-PIX and XAR-PSX in male tumors, respectively (**Fig. 3A, Fig. S3A**). For the top 200

regulators, gene ontology (GO) analysis was performed and similar GO terms were found for

XAR-PIX and XAR-PSX regulators, mainly about post-translational modifications, including

histone methylation, peptidyl-lysine methylation, and protein methylation (**Fig. 3B-C**). These

results indicates the impact on dosage compensation in tumor by histone modifications,

which were known to influence the state and structure of chromatin and thus regulate

chromatin accessibility and gene expression (Millan-Zambrano, et al. 2022). Among the

potentially new regulators of XAR, we found that *TP53* and *ATRX* were promising regulators

for XAR-PIX in both males (**Fig. 3A**) and females (**Fig. S3B**) and both genes are involved in

genome-wide histone modifications (Allison and Milner 2004; Dyer, et al. 2017); therefore,

we selected these two genes for further study.

TP53 is a new regulator of PIX-specific dosage compensation

TP53 mutations are the most frequent events across all cancers (Hainaut and Pfeifer 2016),

and more than 91% of tumors with *TP53* mutations show functional loss of both *TP53* copies

(Donehower, et al. 2019). Interestingly, *TP53* mutations contributed to the sex discrepancy of

cancer incidences by differentially regulating X-linked genes between two sexes (Haupt, et al.

2019). However, it is unknown whether *TP53* regulates X dosage. *TP53* was reported to

interact with key MSL components, *KAT8* and *MSL2* (Kruse and Gu 2009; Li, et al. 2009). We

found three and four p53 binding sites (Nguyen, et al. 2018) in *KAT8* (one site in promoter)

and *MSL2* (three sites in promoter), respectively, which indicates direct regulation of *KAT8*

and *MSL2* transcription by p53. Of note, *TP53* mRNA itself is a critical regulator of cellular

stress (Haronikova, et al. 2019). Meanwhile, we found that *TP53* mutations were associated

with lower XAR-PIX (**Fig. 3A**). However, we observed that *TP53* mRNA was universally up-

regulated in cancer samples, compared with non-cancerous samples, across cancer types (**Fig.**

S3C). These results were consistent with a previous study finding that the deadenylase

poly(A)-specific ribonuclease (PARN) destabilized *TP53* mRNA while p53 increase activated

PARN (Devany, et al. 2013). There exists a negative feedback loop between *TP53* mRNA and

p53 protein levels.

To validate our finding, we constructed *TP53*-knockout (*TP53*-KO) cells from two *TP53*-

wildtype (*TP53*-WT) cell lines, one male (HT1080) and one female (MCF7, containing three

active X and no inactive X chromosomes (Sirchia, et al. 2005)), by using CRISPR technologies

(**Fig. 3D**, see **Methods**), followed by RNA-seq. We found that the expression distributions of

PSX and autosome genes were almost unchanged (**Fig. S3D** and **Fig. S3E**). In contrast, we

observed XAR-PIX dosage increase after *TP53*-KO in both sexes (**Fig. 3E** and **Fig. 3F**). We

further demonstrated that *TP53* may regulate XAR-PIX by repressing KAT8, since *TP53*-KO

enhanced *KAT8* expression in both sexes (**Fig. S3F** and **Fig. S3G**). *TP53*-KO had a larger effect

in female cells (8% vs. 6% increase of XAR-PIX) than male cells, which may due to MCF7 cells

containing three active X chromosomes (Sirchia, et al. 2005) and *TP53* affected *MSL1* in

female cells only.

***ATRX* is a new positive regulator of both PIX and PSX dosage compensations**

ATRX is an X-linked chromatin remodeler that functions in genome stabilization and

heterochromatin formation (Dyer, et al. 2017; Teng, et al. 2021), regulating transcription in

both activation and repression manners (Levy, et al. 2015; Voon, et al. 2015). We noted that

ATRX mutation was associated with lower XAR-PIX in tumor samples (**Fig. 3A**). Accordingly,

we observed significant positive correlations between *ATRX* mRNA expression and XAR-PIX

across 33 tumors (**Fig. S4A**), but weak correlations with XAR-PSX (**Fig. S4B**). To further confirm

the association between ATRX and XAR, we investigated XAR before and after *ATRX* knockout

in another two studies. Interestingly, *ATRX* knockout reduced both XAR-PIX and XAR-PSX in

mouse (**Fig. 4A-C**), suggesting that *ATRX* might help to maintain dosage compensation.

Moreover, XAR-PIX was more affected than XAR-PSX after *ATRX* knockout in GBM cell line (**Fig.**

4D-F), consistent with XAR-PIX being more correlated to *ATRX* expression and PIX genes under

more stringent dosage control.

Next, we examined whether X-linked genes are more sensitive to the change of *ATRX*

expression. For autosomal and X-linked genes co-expressed with *ATRX*, we compared their

coefficient estimates of *ATRX* expression by linear regression models. We reasoned that larger

absolute values of ATRX coefficients indicate higher impact on gene expression. As a result,

ATRX regression coefficients were significantly higher in X-linked genes than in autosomal

genes across a variety of tumors, at both mRNA (**Fig. 4G**) and protein level (**Fig. 4H**),

suggesting that *ATRX* might be more closely related to X-linked genes. Besides, *ATRX* loss

could lead to changes in chromatin accessibility in liver cancer cell line (Liang, et al. 2020) and

we noted that more X-linked regions became less accessible, in agreement with the

observation of reduced XAR after *ATRX* knockout. Taken together, our results indicated that

ATRX is a new regulator of X dosage compensation, especially for XAR-PIX.

Potential lncRNA regulators of XAR

LncRNAs regulate gene expression at multiple levels, including chromatin remodeling,

transcription and post-transcription regulation (Statello, et al. 2021). One of the best-known

examples of gene expression regulation by lncRNA is X inactive-specific transcript (*XIST*)-

mediated X inactivation in females (Loda, et al. 2022). Considering the important roles of

lncRNAs in gene expression regulation, we speculated that there were other lncRNAs related

to dosage compensation to be explored. Therefore, we correlated lncRNA with XAR in each

cancer in male, and obtained 2,689 and 31 lncRNAs significantly related to XAR-PIX and XAR-

PSX, respectively. Next, we focused on the co-expressed genes and RNA-protein interactions

of these lncRNAs, which might provide clues for how these lncRNAs affect dosage

compensation in tumors. As a results, co-expressed genes of these lncRNAs were most

enriched in histone modification (**Fig. 3G**), consistent with the results in potential regulators

of XAR (**Fig. 3B-C**), suggesting that lncRNAs might involve in dosage compensation by

regulating genes related to histone modification. In addition, genes functioning in nuclear

transport, chromatin organization, and mRNA metabolic processes were enriched. In terms

of predicted interactions with XAR-associated lncRNAs, proteins involved in RNA processing

and stability as well as translational regulation were enriched (**Table S2**).

XAR and stemness were closely related

Increased stemness is an important feature or cancer cells (Malta, et al. 2018). We thus

examined the relationship between XAR and stemness. We observed mostly positive

correlations with cancer stemness for XAR-PSX (**Fig. 5A**), but mostly negative correlations for

XAR-PIX (**Fig. 5B**), across cancer types. We further examined XAR in embryonic stem cells (ESC)

and induced pluripotent stem cells (iPSC) using gene expression data from the Progenitor Cell

Biology Consortium (PCBC) (Salomonis, et al. 2016) . As expected, we found no difference

between ESC and iPSC, for both XAR-PIX and XAR-PSX (**Fig. 5C** and **Fig. 5D**), probably because

ESC and iPSC had similar expression pattern (Bock, et al. 2011). However, we found much

lower XAR-PIX and XAR-PSX in male than in female iPSC (**Fig. 5E-F**), but the signals of sex

difference in ESC were weak.

We further examined XAR dynamics during iPSC differentiation culturing. Interestingly, we

found that XAR-PSX was reduced along iPSC culturing time (**Fig. 5G-H**), but XAR-PIX showed

the opposite trend (**Fig. 5I-J**), in both human and mouse (Barry, et al. 2017). These patterns

were consistent with overall reduction of XAR-PIX and elevation of XAR-PSX across cancer

types above. Therefore, our results demonstrated that chromosome X genes dosages were

converging during stem cell differentiation but diverging in cancer cells (**Fig. 5K**).

XAR dynamics during human embryo implantation

We further explored the XAR dynamics during embryo implantation, when female embryo

cells undergo both chromosome X inactivation and X upregulation by dosage compensation,

while male embryo cells undergo X upregulation. We reanalyzed single-cell (n=1,529 cells)

RNA sequencing data of human preimplantation embryos ranging from day 3 to 7

(Petropoulos, et al. 2016). Consistent with the original report, for XAR-PSX, both male and

female cells peaked at day 4 when ZGA happened (**Fig. 6A**). Median XAR-PSX in females

reached near 2.0 but only 1.5 in males. However, XAR-PIX dosages were much lower than

those from adult tissues (GTEx) and were similar between day 3 and day 4, after which XAR-

PIX was decreased to an extremely low level around 0.1 (**Fig. 6B**). Furthermore, higher XAR-

PSX in female than in male embryo cells was most significant at day 6, especially for both

primitive endoderm (PE) and trophectoderm (TE) (**Fig. 6C**) cells.

Insufficient X gene dosage in autoimmune patients

Besides cancer, we were also interested in whether XAR was also dysregulated in female-predominant (female-male ratio is about 9:1) systemic lupus erythematosus (SLE), which is a prototypical autoimmune disease characterized by systemic organ damages and abundant autoantibodies, such as anti-Ro (Hung, et al. 2015). However, its pathogenesis and extreme sex bias were still incompletely understood. By reanalyzing a previous dataset from SLE patients and healthy controls (Hung, et al. 2015), we found that XAR-PIX, but not XAR-PSX, were specifically down-regulated in SLE patients compared with healthy controls (**Fig. 6D** and **Fig. S5A**), which means insufficient dosage of X genes in SLE patients. Moreover, SLE patients with anti-Ro autoantibodies showed lower XAR-PIX dosage than those without anti-Ro autoantibodies (**Fig. 6E** and **Fig. S5B**). Similarly, SLE patients with more active interferon response (indicated by the Interferon Signature Metric, or ISM) showed lower XAR-PIX dosage (**Fig. 6F** and **Fig. S5C**). These findings may provide insights to understand SLE pathogenesis.

Discussions

Here, we identified two distinct groups of genes on chromosome X, whose differential dosage compensations across tissues were observed at both RNA- and protein-level and were evolutionarily conserved in primates and in mouse. We explored the potential XAR regulators (both protein-coding and lncRNA) and identified XAR-PIX-specific regulator *TP53* and general XAR regulator *ATRX*, and experimentally verified them. We further investigated XAR-PIX and XAR-PSX associations with stemness of cancer cells and embryonic stem cells and with sex-biased autoimmune disease. Our findings of distinct characteristics of XAR-PIX and XAR-PSX may help resolve controversies described in our previous study (Xiong, et al. 2010).

Collectively, integrating large-scale sequencing data from both cancer and normal samples

greatly enhanced our ability to investigate both pathological and physiological roles of X

dosage compensation.

The frequency of transcriptional bursts and possible trans-acting enhancer-binding regulators

were proposed to be the driving force behind X upregulation in mouse (Larsson, et al. 2019).

Interestingly, p53 can bind pervasively to genome-wide enhancers (Younger and Rinn 2017)

and regulate the transcriptional burst of target genes (Friedrich, et al. 2019), further

supporting our finding of *TP53* regulating XAR. Moreover, the crosstalk between *TP53* and

nonsense-mediated decay (NMD) pathway may contribute to XAR regulation by *TP53*

(Gewandter, et al. 2011; Deng, et al. 2013). Therefore, *TP53* may regulate XAR by various

mechanisms. We expect XAR regulation by *TP53* would be conserved among mammals, due

to ultra-conservation of *TP53* during evolution (Lu, et al. 2009). However, further efforts are

needed to support our hypothesis.

XAR in most cancers showed no difference between sexes, suggesting negligible contribution

to XAR changes in cancer by reactivation of the inactivated X in females. Since *TP53* mutation-

induced aneuploidies were not specific to chromosome X, they were unlikely to drive both

XAR-PSX and XAR-PIX to change in such a coordinated way across cancers, as observed in this

study. At least, XAR-PIX should be less affected by aneuploidies, by PIX definition.

Several limitations of this study represent directions for future research. First, it is unknown

how distinct dosages of PIX and PSX genes were maintained and why did they show divergent

trends in cancers compared to normal tissues. Second, despite the high cost and long period

of CRISPR-based *TP53*-KO experiments, it would further solidify our conclusion if CRISPR-

mediated *TP53*-KO can be established in more cell lines of different lineages. Third, additional

XAR regulators remain to be identified by other ways, because this analysis was limited by

mutation frequencies in cancer patients. Genome-wide screening experiments in the future

probably will identify more XAR regulators. Until then, the problem of abnormal XAR-PIX and

XAR-PSX in cancer may be solved.

Materials and Methods

Datasets

Gene expression levels (transcripts per million, or TPM) and related clinical information of

RNA-seq   samples   from   The   Cancer   Genome   Atlas   project   (TCGA,

https://portal.gdc.cancer.gov)   and   the   Genotype-Tissue   Expression   project   (GTEx,

https://www.gtexportal.org), processed by the same computational pipeline, were obtained

from the UCSC Xena database (https://xenabrowser.net) (Goldman, et al. 2020). For GTEx,

tissues with less than 30 samples were excluded. Gene expression levels of cell lines

sequenced by the Progenitor Cell Biology Consortium (PCBC) were downloaded from Synapse

(https://www.synapse.org/#!Synapse:syn1773109/wiki/54962).   Gene   expression   levels   of

ESCs during differentiation culturing for both human and mouse were downloaded from

(Barry, et al. 2017). Somatic mutations for TCGA tumor samples were obtained the GDC Portal

(https://portal.gdc.cancer.gov).   Genome   ploidy   information   for   TCGA   samples   were

downloaded from (Taylor, et al. 2018). Cancer stemness of TCGA samples were obtained from

(Malta, et al. 2018). Processed single-cell RNA sequencing data for embryonic stem cells

during preimplantation were downloaded from (Petropoulos, et al. 2016). Gene expression

levels of SLE RNA-seq data were obtained from (Hung, et al. 2015). Half-life data of mRNAs

were obtained from (Tani, et al. 2012). Our RNA-seq data for *TP53*-WT and *TP53*-KO cell lines

(MCF7 and HT1080) from this study were deposited in the SRA database (PRJNA777384).

Tissue-specific gene expression levels (Read counts) for non-human primates were

downloaded from NHPRTR (http://nhprtr.org/) (Peng, et al. 2015). Gene expression levels

(Fragments Per Kilobase of transcript per Million mapped reads, or FPKM) for the standard

mouse strain, C57BL/6JJcl were collected from (Li, et al. 2017). Quantitative proteomic

expression levels (TMT ratios) for tumors were obtained from CPTAC

(https://pdc.cancer.gov/pdc/), covering data from 11 studies (PDC000120, PDC000116,

PDC000110, PDC000127, PDC000204, PDC000221, PDC000153, PDC000234, PDC000270,

PDC000125 and PDC000198). RNA-seq data for mouse ATRX knockout cell lines were

collected from Gene Expression Omnibus (GEO, https://www.ncbi.nlm.nih.gov/geo/),

including datasets GSE178113 (Qin, et al. 2022) and GSE107878 (Deneault, et al. 2018).

LncRNA expression profiles for GTEx and TCGA samples were downloaded from RefLnc

(http://reflnc.gao-lab.org/) (Jiang, et al. 2019).

Defining PIX, PSX, and autosomal genes for dosage compensation estimation

For both chrX and autosomes, only protein-coding genes were considered and those with

median expression levels TPM<=1 in GTEx samples were further excluded. For the remaining

chrX genes, Pearson correlations (R) between gene expression and genome ploidy (Taylor, et

al. 2018) were calculated in each cancer (except CHOL, DLBC, UCS, KICH, and BRCA) separately

from TCGA, using only male samples to avoid the confounding of possible reactivation of the

inactivated X in female samples. Then, the median of absolute R (absR) was calculated for

each gene and the average of these absR medians (MR) was determined for these genes.

Lastly, chrX genes with absR medians less or higher than MR were defined as PIX and PSX

genes, respectively. Remaining PIX, PSX, and autosome genes were used for XAR-PIX and XAR-

PSX calculation.

Comparison of genomic features for PIX and PSX genes

Gene lengths were calculated for each gene either including or excluding introns, based on

GENCODE v25 (Harrow, et al. 2012). PhastCons100way scores were downloaded from the

UCSC Genome Browser (https://hgdownload.soe.ucsc.edu/downloads.html) and gene

conservation were calculated by averaging phastCons100way scores within exonic regions.

GC content for each gene were calculated from its mRNA sequence as the percentage of G

and C bases.

Calculation of XAR-PSX and XAR-PIX

First, median expression levels of PSX, PIX, and autosomal genes were calculated. Then, XAR-

PSX or XAR-PIX were defined as the ratio of PSX or PIX median over autosomal median. The

magnitude (Cohen's D) of XAR difference between TCGA and GTEx was estimated by the

function cohens_d from the R package rstatix (v0.6). For non-human species, genes were

classified according to their homologous gene categories (PSX, PIX or autosomal genes) in

humans, and then XAR-PSX and XAR-PIX were calculated as above, based on their processed

gene expression levels (TPM). For proteomic expression levels, TMT ratios were used to

calculate XAR, while XAR-PSX and XAR-PIX were compared between primary tumors and solid

tissue normal samples.

Association of XAR with somatic mutations

Damaging mutations were defined as Missense_Mutation, Nonsense_Mutation,

Nonstop_Mutation, Splice_Region, Splice_Site, Translation_Start_Site, Frame_Shift_Del,

Frame_Shift_Ins, In_Frame_Ins, or In_Frame_Del. For each gene, samples were grouped by

whether having damaging mutations in each cancer for each gender. Genes with less than 20

damaging mutations were not considered. XAR between these two groups were compared

using two-sided *t*-test and *P*-values were corrected using false discovery rate (FDR).

Gene ontology analysis

GO enrichment analyses were performed using R package clusterProfiler (v4.2.2). Enriched

biological processes were identified by right-tailed Fisher's exact test, and Benjamini-

Hochberg correction was used for multiple comparisons. For potential protein-coding

regulators of XAR, genes expressed in at least in one tumor were used as the background gene

set. For lncRNA analysis, neighboring protein-coding genes of XAR-associated lncRNAs were

used as background gene set.

ATRX regression coefficients comparison between autosomal and X-linked genes

For autosomal and X-linked genes, linear regression models with ATRX expression were fit at

the mRNA or proteomic level in each tumor, in which *ATRX* coefficient estimates were

collected and converted to absolute form for comparison between the two gene groups.

Correlations for lncRNAs and XAR in tumors

For 77,900 lncRNAs collected, those with median TPM greater than 0 in at least 1 tumor were

selected. Next, linear regression models were fit to lncRNAs expression and XAR in each tumor,

with lncRNAs correlated to XAR-PIX or XAR-PSX in at least 3 male tumors extracted for further

study. Neighboring co-expressing protein-coding genes of these lncRNAs were identified by

Pearson correlation coefficient (FDR<0.05) and subjected to GO analysis. RNA-protein

interactions of XAR-associated lncRNAs were collected from LncSEA2.0

(http://bio.liclab.net/LncSEA/index.php).

Data visualization

The R package ggpubr (v.04, based on ggplot2) was used for basic data visualizations in this

study. The heatmaps of stemness correlation with XAR were visualized by R package

ComplexHeatmap (v2.2). Genomic distribution of PIX and PSX genes were visualized by R

package circlize (v0.4). Correlation heatmaps between XAR predictions and observations

were visualized by R package ggcorrplot2 (v0.1). Cumulative distribution of expression levels

were visualized by R package ggplot2 (v3.3).

Cell culture and CRISPR-Cas9 knockout

MCF7 and HT1080 cells were obtained from the American Type Culture Collection (ATCC). All

cells were cultured in high-glucose DMEM containing 10% fetal bovine serum (FBS) and 1%

penicillin/ streptomycin and maintained at 37 °C with 5% CO_2.

The sgRNAs of *TP53* were designed on the CHOPCHOP website (https://chopchop.cbu.uib.no)

as described before (Montague, et al. 2014). sgRNAs with highly predicted efficiency and

lower off-target were chosen for in vitro transcription. The sgRNA sequence targeted *TP53*

were as follows: sgRNA-1, 5'-TATCTGAGCAGCGCTCATGG-3' and sgRNA-2, 5'-

GGTGAGGCTCCCCTTTCTTG-3'. The sgRNA oligos were cloned into the pDR274 vector and in

vitro transcribed using the MEGAshortscript T7 transcription kit (Thermo Fisher), then

purifified using the MEGAclear kit (Thermo Fisher). The sgRNAs were then dissolved in RNase-

free water and quantified using NanoDrop 1000 (Thermo Fisher).

To generate *TP53* knockout cells, electroporation of Cas9 RNP to the cells was performed as

previously reported (Kim, et al. 2014). Specifically, 10 µg TrueCut Cas9 Protein v2 (Thermo)

and 2 µg each of the in vitro transcribed sgRNAs were incubated together at 37°C for 20 min,

and $5×10^5$ MCF7 or HT1080 cells (70%-90% confluent) were harvested and centrifuged at 90×

g for 10 min. Then the Cas9 RNP was electroporated to the cell pellet by Lonza 4D-

Nucleofector (Lonza) under a pre-optimized program.

Western Blotting

Cells were harvested and lysed with RIPA buffer (Beyotime). Cell extracts of equal total

protein (20 µg each) were separated by SDS-PAGE and transferred to Nylon membrane

(Merck Millipore). The membranes were blocked with 5% nonfat milk in TBST washing buffer

(10 mM Tris pH 8.0, 150 mM NaCl with 0.5% Tween-20) for 1 h at room temperature, then

incubated at 4°C overnight with anti-*TP53* (1:1000; sc-126,Santa Cruz) and anti-GAPDH

(1:5000; P30008M, Abmart) primary antibodies. After washing, the membranes were

incubated with fluorescence-conjugated secondary antibodies and detected with Odyssey

Imagers.

RNA extraction and real-time quantitative PCR

Total RNA was extracted from cultured cells using RNAiso Plus (Takara) and reverse

transcribed into cDNA by the PrimeScript™ RT reagent Kit (Takara) , following the

manufacturer's protocol. Then real-time quantitative PCR was performed using TB Green®

Premix Ex Taq™ II (Takara) on the Real-Time PCR Thermal Cycler qTOWER3 (Analytik Jena).

Primers used in this study (forward/reverse; 5' to 3') were as follows:

KAT8: TCACTCGCAACCAAAAGCG/GATCGCCTCATGCTCCTTCT

MSL1: CCCATCACCGTTACCATTACG/GGAACAGCCAAGACTGAAGTTT

MSL2: GTAGCCACTGACTTATGTTCCAC/GCTGCAAATTAGGGCAACAGAC

GAPDH: GGAGCGAGATCCCTCCAAAAT/GGCTGTTGTCATACTTCTCATGG

Data analysis was performed using the 2(-ΔΔCT) method, and mRNA expression levels were

normalized to GAPDH.

RNA sequencing of MCF7 and HT1080 cell lines

Total RNA was extracted using TransZol Up Plus RNA Kit (Cat#ER501-01, Trans) following the

manufacturer's instructions and checked for RNA integrity by an Agilent Bioanalyzer 2100

(Agilent technologies, Santa Clara, CA, US). Qualified total RNA was further purified by

RNAClean XP Kit (Cat#A63987, Beckman Coulter, Inc. Kraemer Boulevard Brea, CA,USA) and

RNase-Free DNase Set (Cat#79254, QIAGEN, GmBH, Germany). Sequencing libraries were

constructed following steps from the manufacturer's instructions (VAHTS Universal V6 RNA-

seq Library Prep Kit for Illumina®, Vazyme, NR604-02), followed by paired-end (2x 150bp)

RNA-seq by Illumina HiSeq 2500. Cleaned reads were aligned to the human genome (hg38)

by Kallisto (v0.46, default parameters) (Bray, et al. 2016) to obtain gene expression levels

(TPM), based on gene annotations from GENCODE v25 (Harrow, et al. 2012). Reads were also

mapped to hg38 using HISAT2 (v2.0.4, default parameters), and alignments of *TP53*-WT

samples were visualized by IGV (v2.5.2) for manual inspection to confirm TP53 status.

Data availability

The RNA-seq data generated in this study have been submitted to the NCBI BioProject

database (https://www.ncbi.nlm.nih.gov/bioproject/) under accession number PRJNA777384.

Declaration of interests

The authors declare no competing interests.

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Author contributions

MBG and YYX conceived the project. MBG and ZWF collected the data, performed the analysis,

and interpreted the results. MBG wrote the manuscript with input from ZWF. ZWF and BHC

performed the experimental validation. ZSY was involved in project discussion. YYX was

involved in critical discussions and reviewed the manuscript. All authors approved the

manuscript.

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Figures and Legends

Fig. 1

Fig. 1, Identification and characterization of PSX and PIX genes on chromosome X. (**A**)

Classification chrX genes based on absolute values of Pearson correlations (x-axis) compared

to the average absolute correlation value (blue vertical line). (**B-C**) Cumulative distribution of

expression levels of PSX (**B**) and PIX (**C**) genes on chrX, compared to autosomal genes, using

samples from the TCGA project or the GTEx project. A total of 100 samples were randomly

selected and their median expression levels for genes were shown for visualization. Vertical

lines indicate medians. (**D**) PIX and PSX genes distribution on chrX. PIX enriched regions were

marked by arrows. (**E-G**) Comparing gene length (**E**), gene sequence conservation (**F**), and

mRNA half-life (two-sided *t*-test, **G**) between PIX and PSX genes. PIX: ploidy-insensitive chrX

genes, PSX: ploidy-sensitive chrX genes.

Fig. 2

Fig. 2, Evolutionarily conserved differential dosages of PSX and PIX genes across normal tissues and cancer types. (**A**) XAR-PSX across 27 normal tissues from GTEx were close to one, except for blood and testis. (**B**) XAR-PSX across 33 cancer types from TCGA. (**C**) XAR-PIX across GTEx normal tissues. (**D**) XAR-PIX across TCGA cancer types. (**E**) Evolutionarily conserved differential dosages between PIX and PSX genes in primates across 12 tissues. (**F**)

Evolutionarily conserved differential dosages between PIX and PSX genes in mouse across 9 tissues. (**G**) XAR-PSX were higher in cancers than in matched normal tissues. Effect sizes were indicated by Cohen's D statistics in blue (negligible[N]<0.2, 0.2<=small[S]<0.5, 0.5<=moderate[M]<0.8, large[L]>=0.8). (**H**) XAR-PIX were lower in cancers than in matched normal tissues. Effect sizes were indicated by Cohen's D statistics in blue. (**I**) Protein-level XAR-PSX were higher in tumors than normal tissues in most cancer types. (**J**) Protein-level XAR-PIX were lower in tumors than normal tissues of all investigated cancer types.

(**E-F**) Two-sided paired t-test. (**G-J**) Two-sided Wilcoxon test *P*-value significance: ns >0.05, * <= 0.05, ** <=0.01, *** <= 0.001, **** <= 0.0001. Matching of tumor types to normal tissues were as follows: ACC, Adrenal Gland; BRCA, Breast; COAD, Colon; ESCA, Esophagus; GBM, Brain; HNSC, Salivary Gland; KICH, Kidney; KIRC, Kidney; KIRP, Kidney; LGG, Brain; LIHC, Liver; LUAD, Lung; LUSC, Lung; OV, Ovary; PAAD, Pancreas; PRAD, Prostate; PCPG, Adrenal Gland; READ, Colon; SARC, Adipose Tissue; SKCM, Skin; STAD, Stomach; TGCT, Testis; THCA, Thyroid; UCS, Uterus; UCEC, Uterus.

XAR: X-over-autosome dosage ratio, ACC: Adrenocortical carcinoma, BLCA: Bladder urothelial Carcinoma, BRCA: Breast invasive carcinoma, CESC: Cervical squamous cell carcinoma and endocervical adenocarcinoma, CHOL: Cholangiocarcinoma, COAD: Colon adenocarcinoma, CCRCC: Clear cell renal cell carcinoma, DLBC: Lymphoid neoplasm diffuse large B-cell lymphoma, ESCA: Esophageal carcinoma, GBM: Glioblastoma multiforme, HNSC: Head and neck squamous cell carcinoma, KICH: Kidney chromophobe, KIRC: Kidney renal clear cell carcinoma, KIRP: Kidney renal papillary cell carcinoma, LAML: Acute myeloid leukemia, LGG: Brain lower grade glioma, LIHC: Liver hepatocellular carcinoma, LUAD: Lung adenocarcinoma, LUSC: Lung squamous cell carcinoma, MESO: Mesothelioma, OV: Ovarian serous cystadenocarcinoma, PAAD: Pancreatic adenocarcinoma, PCPG: Pheochromocytoma and

726   paraganglioma, PDA: Pancreatic ductal adenocarcinoma, PRAD: Prostate adenocarcinoma,

727   READ: Rectum adenocarcinoma, SARC: Sarcoma, SKCM: Skin Cutaneous melanoma, STAD:

728   Stomach adenocarcinoma, TGCT: Testicular germ cell tumors, THCA: Thyroid carcinoma,

729   THYM: Thymoma, UCEC: Uterine corpus endometrial carcinoma, UCS: Uterine

730   carcinosarcoma, UVM: Uveal melanoma.

Fig. 3, Characterizing potential regulators of XAR, with experimental validation of *TP53* regulation of XAR-PIX. (**A**) Significance of XAR-PIX difference (y-axis, two-sided *t*-test) between wildtype and mutated genes across cancers in male. *TP53* and *ATRX* were marked by arrows. For better visualization, only genes with FDR<1 were shown as points and those with FDR<1e-4 labeled. (**B**-**C**) Top 10 enriched biological processes in GO analysis for top 200 potential regulators of XAR-PIX (**B**) and XAR-PSX (**C**). (**D**) Western blot results for CRISPR-based *TP53*-KO in MCF7 (female) and HT1080 (male) cells. (**E**-**F**) Cumulative distribution of PIX and autosomal gene expression levels for HT1080 (**E**) and MCF7 (**F**), before and after *TP53*-KO.

Vertical lines indicate median expression used to calculate XAR-PIX dosages. (**G**) Top 10

enriched biological processes for co-expressed genes of XAR-associated lnRNAs.

Fig. 4, *ATRX* regulates dosages of both PIX and PSX genes. (**A-C**) *ATRX* knockout (KO) in mouse

induced pluripotent stem cells (iPSCs) significantly reduced both XAR-PIX (**B**) and XAR-PSX (**C**).

(**D-F**) *ATRX* knockout (KO) in human GBM cells significantly reduced both XAR-PIX (**E**) and XAR-

PSX (**F**). (**G**-**H**) For autosomal and X-linked genes, linear regression models (each gene

expression ~ *ATRX* expression) were fit to obtain regression coefficients of *ATRX* in each tumor,

using mRNA (**G**) or proteomic (**H**) expression data. Absolute values of *ATRX* regression

coefficients were compared between the two gene groups. Larger absolute values of *ATRX*

coefficients indicate higher impact on gene expression.

(**A-F**) Two-sided paired t-test. ** $P<=0.01$, *** $<= 0.001$. (**G-H**) Two-sided Wilcoxon test. * $P<=$

0.05, ** $<=0.01$, *** $<= 0.001$, **** $<= 0.0001$.

Fig. 5, XAR-PSX and XAR-PIX were inversely associated with stemness. (**A-B**) Cancer

stemness (RNAss) was positively correlated with XAR-PSX (**A**) and negatively with XAR-PIX (**B**).

colors indicate -log10 P-values, and sizes of rectangles represent Pearson correlation.

Correlations with FDR<0.1 were marked by circles. (**C-D**) Comparison of XAR-PIX (**C**) and XAR-

PSX (**D**) between ESCs and iPSCs from females or males. (**E-F**) Comparison of XAR-PIX (**E**) and

XAR-PSX (**F**) between sexes from ESCs or iPSCs. (**G-H**) Strong negative correlation of XAR-PSX

with differentiation culturing time in both human (**G**) and mouse (**H**). (**I-J**). Strong positive

correlation of XAR-PSX with differentiation culturing time in both human (**I**) and mouse (**J**). (**K**)

Major findings of this study were converging X dosages during stem cell differentiation but

diverging X dosages in cancer. (**C-F**) Two-sided Wilcoxon test.

Fig. 6, XAR-PSX and XAR-PIX dynamics during embryo preimplantation and in autoimmune

disease. (**A-B**) XAR-PSX (**A**) and XAR-PIX (**B**) changed differently in embryonic stem cells

(grouped by sex) during implantation from day 3 (E3) to day 7 (E7). (**C**) Comparison of XAR-

PSX between sexes from E5 to E7, across three cell types, epiblast (EPI), primitive endoderm

(PE), and trophectoderm (TE). (**D-F**) XAR-PIX were down-regulated in SLE patients compared

to healthy controls (**D**), lower in patients with anti-Ro autoantibodies than those without anti-

Ro (**E**), and also lower in patients with more active interferon response (ISM) than those with

less ISM (**F**). (**A-F**) Two-sided Wilcoxon test.