Running title: The epitranscriptomics of uterine fibroids.

Article title: Characterization of m^{6}A modifiers and RNA modifications in uterine fibroids

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Abstract:
Uterine leiomyoma or fibroids are the most common prevalent noncancerous tumors of

the uterine muscle layer. Common symptoms associated with fibroids include pelvic

pain, heavy menstrual bleeding, anemia, and pelvic pressure. These tumors are a

leading cause of gynecological care but lack long-term therapy as the origin and

development of fibroids are not well understood. Several next-generation sequencing

technologies have been performed to identify the underlying genetic and epigenetic

basis of fibroids. However, there remains a systemic gap in our understanding of

molecular and biological process that define uterine fibroids. Recent epitranscriptomics

studies have unraveled RNA modifications that are associated with all forms of RNA

and are thought to influence both normal physiological functions and the progression of

diseases. We quantified RNA expression profiles by analyzing publicly available RNA-

seq data for 15 known epigenetic mediators to identify their expression profile in uterine

fibroids compared to myometrium. To validate our findings, we performed RT-qPCR on

a separate cohort of uterine fibroids targeting these modifiers confirming our RNA-seq

data. We then examined protein profiles of key m^{6}A modifiers in fibroids and their

matched myometrium. In concordance with our RNA expression profiles, no significant

differences were observed in these proteins in uterine fibroids compared to

myometrium. To determine abundance of RNA modifications, mRNA and small RNA

from fibroids and matched myometrium were analyzed by UHPLC MS/MS. In addition to

the prevalent N6-methyladenosine (m^{6}A), we identified 11 other known modifiers but did

not identify any aberrant expression in fibroids. We then mined a previously published

dataset and identified differential expression of m^{6}A modifiers that were specific to

fibroid genetic sub-type. Our analysis also identified m^{6}A consensus motifs on genes

previously identified to be dysregulated in uterine fibroids. Overall, using state-of-the-art

mass spectrometry, RNA expression and protein profiles, we characterized and

identified differentially expressed m^{6}A modifiers in relation to driver mutations. Despite

the use of several different approaches, we identified limited differential expression of

RNA modifiers and associated modifications in uterine fibroids. However, considering

the highly heterogenous genomic and cellular nature of fibroids, and the possible

contribution of single molecule m^{6}A modifications to fibroid pathology, there is a need

for greater in-depth characterization of m^{6}A marks and modifiers in a larger and varied

patient cohort.

Introduction:

Uterine fibroids are steroid hormone-responsive, benign neoplasms of the uterus composed of smooth muscles, fibroblasts, and an abundance of extracellular matrix (1, 2). These benign tumors are estimated to occur in around 70% of women and clinically manifest in 30% of women by the age of 50 (3). Common clinical symptoms associated with fibroids are heavy bleeding, pain, infertility, and recurrent pregnancy loss (4, 5). Nonsteroidal anti-inflammatory drugs (NSAIDs), gonadotropin-releasing hormone agonists, elective estrogen receptor modulators, aromatase inhibitors, anti-progestins, and progesterone receptor modulators provide some relief but are only recommended for short-term use due to variable side effects and disease recurrence. (2). Accordingly, the lack of long-term therapeutic options and clinical morbidity associated with fibroids, hysterectomy remains the only option for many women (6). The cost of fibroid treatment and related health complications cost to the U.S. health care system is annually estimated to cost $5.9 to $34.4 billion (4, 7). Fibroids remain a significant burden on both health care costs and quality of life.

Several factors, including age, parity, ethnicity, and family history, are thought to act as drivers, but direct evidence identifying etiology of the disease has been difficult (4). Genome wide exome sequencing identified that 30-90% of fibroids, depending on patient ethnicity and fibroid number, contained mutations in the second exon of the mediator complex subunit 12 (*MED12*) gene (8). Additionally, chromosomal rearrangement at 12q15 and 6q21, leading to overexpression of the High Mobility Group A1/2 (*HMGA1/2*) gene, has been observed in 8-35% of fibroids (9, 10). Biallelic

108   inactivation of *FH* (Fumarate Hydratase), deletion of the collagen genes *COL4A5* and

109   *COL4A6*, and mutations of the SNF2-Related CBP Activator Protein (SRCAP) complex

110   subunits are among the rarer subtypes that have been reported in uterine fibroids (11,

111   12). These chromosomal events trigger sub-type specific gene expression patterns that

112   are either shared or unique to the genetic event (12, 13).

113   Since its discovery in 1974, methylation of adenosine on RNA (m^{6}A or N^6-

methyladenosine) has emerged a major post-transcriptional RNA modification (14). The

past decade has seen a resurgence in examining the role of m^{6}A RNA modifications in

regulating RNA processing, splicing, export, stability, and translation (15).

Transcriptome-wide profiling of m^{6}A modification identified the modification as wide-

spread, highly selective, and dynamic in nature, with levels varying in development and

cellular stress (16, 17). Addition of m^{6}A sites is catalyzed by the "writer" proteins,

specifically by the catalytic activity of Methyltransferase-like protein 3, METTL3, and

target RNA binding activity of methyltransferase-like protein 14 (METTL14) (18). In

addition to METTL3, other regulatory proteins involved in the process include

methyltransferase-like protein 16 (METTL16), Wilms tumor 1-associated protein

(WTAP), RNA-binding motif 15 (RBM15), Cbl proto-oncogene-like protein 1 (CBLL1),

zinc-finger CCCH-type-containing 13 (ZC3H13), and Vir-like m^{6}A methyltransferase-

associated (VIRMA) (or also known as KIAA1429) (18, 19). Following addition of m^{6}A

modification, biological consequence is regulated by specific RNA-binding proteins, or

"readers". These readers recognize and bind to the DRACH (D=A, G or U, R= G or A,

and H= A, C, or U) consensus sequence of modified RNA transcripts leading to

regulation of gene expression and modulation of diverse processes including splicing,

mRNA stabilization, and translation efficiency. Reader proteins include YTHD domain

protein family (YTHDC1, YTHDC2, YTHDF1, YTHD2, and YTHDF3) (20). In addition,

heterogenous nuclear ribonucleoprotein (HNRNP) protein, HNRNPA2B1, has been

shown to regulate m^6A-modified transcript including a subset of primary miRNA (21).

Two proteins, fat mass and obesity-associated protein (FTO) and alkB homologue 5

(ALKBH5) have been identified as m^6A demethylases or "erasers" due to their ability to

remove m^6A marks (20). Altered expression of these eraser proteins can contribute to

atypical cellular functions and physiological activity thereby promoting tumorigenesis

(18, 20).

To date multiple studies carried out by us, and others have identified differential

DNA methylation patterns, histone modifications, altered miRNA and long noncoding

RNA expression as they relate to uterine fibroidogenesis (11-13, 22-24). However, an

in-depth characterization of m^6A modifiers and RNA modifications in uterine fibroids is

lacking. The goal of this study was to investigate expression patterns of the vast array of

m^6A modifier proteins and RNA modifications in both mRNA and small RNA as they

relate to uterine fibroids compared to myometrium.

Material and methods:

Human Tissue collection and Sample Preparation

Matched samples of human myometrium and fibroid samples were collected from

pre-menopausal women undergoing hysterectomy for symptomatic uterine fibroids. Use

of human tissue was approved by the University of Nebraska Medical Center (IRB#

112-21-EP) and University of Kansas Medical Center (IRB#: 5929), and all patients

signed a written informed consent form to donate tissue for this study. Human samples

were processed as previously described (13). Upon arrival, samples were minced and

sub-divided for a) RNA extraction and b) protein isolation for western blots and then

immediately flash frozen and stored at -140 °C.

RNA extraction

Total RNA was extracted from freshly frozen samples as previously described

(13). Following total RNA extraction by Trizol, mRNA from fibroids and matched

myometrium (n=6) was isolated by two rounds of purification using olido-dT Dynabeads

mRNA DIRECT Micro kit (Dynabeads) according to manufacturer's protocol. Depending

on patient sample, 8-50 µg total RNA was used per purification column. Integrity and

purity of isolated mRNA was evaluated using Fragment Analyzer Automated CE System

(Advanced Analytical Technologies, Inc). RNA Integrity Numbers (RINs) were used to

evaluate integrity and samples with RIN >7.0 were considered intact and used for

further downstream LC-MS/MS analysis.

Small RNA (<200 bp) was isolated from fibroids and matched myometrium (n= 5)

using mirVana miRNA isolation kit (Thermo Fisher Scientific) according to

manufacturer's protocol. Following isolation, small RNA purity was confirmed using

Fragment Analyzer Automated CE System (Advanced Analytical Technologies, Inc).

Quantitative real-time PCR (RT-qPCR)

cDNA was synthesized from 1µg total RNA using qScript cDNA synthesis kit

(Quantbio, Beverly, MA). Quantitative Real rime PCR (RT-qPCR) analysis was

performed on genes of interest (**Supplementary Table 1**) using SYBRGreen (BioRad).

Sso Fast EvaGreen Supermix was performed to analyze gene expression on a BioRad

CFX96 Real-Time System (BioRad, Hercules, CA). Relative quantification of gene of

interest was established using RPL17 as reference and calculated using the

comparative Ct method.

LC-MS/MS Analysis of RNA Chemical Modifications

Measurement of the levels of RNA chemical modifications was performed using

ultra-performance liquid chromatography coupled with tandem mass spectrometry

(UHPLC-MS/MS) by a method similar as described (25-27). Briefly, Total amount of 100

ng of small RNA or mRNA was digested with a Nucleoside Digestion Mix (New England

BioLabs) according to the manufacturer's instruction. The digested samples were then

lyophilized and reconstituted in 100 μl of RNAse-free water, 0.01% formic acid prior to

UHPLC-MS/MS analysis. The UHPLC-MS/MS analysis was accomplished on a Waters

XEVO TQ-S[TM] (Waters Corporation, USA) triple quadruple tandem mass spectrometer

equipped with an electrospray source (ESI) source maintained at 150 °C and a capillary

voltage of 1 kV. Nitrogen was used as the nebulizer gas, which was maintained at 7

bars pressure, flow rate of 1000 l/h and at temperature of 500°C. UHPLC-MS/MS

analysis was performed in ESI positive-ion mode using multiple-reaction monitoring

(MRM) from ion transitions previously individually determined for these RNA chemical

modifications (28). A Waters ACQUITY UPLC[TM] HSS T3 guard column, 2.1x 5 mm, 1.8

μm, attached to a HSS T3 column, 2.1 x50 mm, 1.7 μm was used for the separation.

Mobile phases included RNAse-free water (18 MΩcm^{-1}) containing 0.01% formic acid

(Buffer A) and 50% acetonitrile (v/v) in Buffer A (Buffer B). The digested nucleotides

were eluted at a flow rate of 0.2 ml/min with a gradient as follows: 0-1 min, 0 %B; ramp

to 0.2% B in 1.4 min; then to 0.8% in 1.4 min, 3.8-5.2 min, 0.8-1.8% B; 5.2-6.6 min,

1.8-3.2%B; 6.6-10 min, 3.2-5.0% B;10-13.5 min, 5-8%B; 13.5-18 min, 8-30%B; in 0.5

min to 100% B and kept for 1.5 min. The total run time was 25 min. The column oven

temperature was kept at 25 °C and the sample injection volume was 10 µl.   Three

injections were performed for each sample. Data acquisition and analysis were

performed with MassLynx V4.1 and TargetLynx. Calibration curves were plotted using

linear regression with a weight factor of 1/x.

Western Blot

Protein was isolated from fibroids and matched myometrium by homogenization

in Radioimmunoprecipitation assay (RIPA) buffer supplemented with protease and

phosphatase inhibitors. Following isolation, lysate protein concentration was quantified

using the Pierce BCA Protein assay kit and 10 µg of protein were separated on a 10%

SDS-PAGE and transferred onto nitrocellulose membranes (Amersham).   Membranes

were blocked in 5% BSA in Tris-buffered saline with 0.1% Tween-20 (TBST) at room

temperature for 1 h and probed with METTL3 (1:1000; 15073-1-AP; Proteintech),

METTL14 (1:1000; 26158-1-AP; Proteintech), RBM15 (1:1000; VIRMA (1:1000; 25712-

1-AP; Proteintech), WTAP (1:1000; 10200-1-AP; Proteintech) , CBLL1 (1:1000; 21179-

1-AP; Proteintech), FTO (1:1000; 27226-1-AP; Proteintech), ALKBH5 (11:1000; 6837-1-

AP; Proteintech), and β-actin (1:5000; A5441; Sigma) antibodies at 4 °C overnight.

Following washes in TBST, membranes were blocked in secondary HRP-conjugated

antibodies (1:10,000) in 5% BSA in TBST for 1 h, washed, and imaged using iBright

system (ThermoFisher). Densitometry analysis was performed using Image J. All

protein levels were normalized to respective ACTB which served as loading control.

Statistics

RNA-seq data (13) were filtered, normalized, and converted to log2-counts per

million (CPM) value per sample. The study included two factors: within-subject factor

tissue (Fibroid or Normal) and the between-subject factor race (B or W). For each gene,

linear mixed models were used to assess the race effect and tissue effect on the mean

normalized gene expression levels ($\log_2$CPM), accounting for correlations between

observations from the same patient. We are interested in the following hypothesis

testing: whether the race effect on the normalized gene expression level was significant

in fibroids and normal tissues respectively, whether the tissue effect on the normalized

gene expression level is significant in black and white patients respectively, and

whether the tissue effect alters in black patients compared to white patients per gene.

The associated p-values for each comparison on each gene were adjusted by the false

discovery rate (FDR) method of Benjamini and Hochberg method (1) due to multiple

hypotheses testing. Differentially expressed genes were identified as those having an

FDR below 0.05.

Statistical analyses were performed using GraphPad Prism 9.0. The Student's t-

test was used to compare fibroid samples to myometrium and significance level was set

at P< 0.05. Sample numbers are indicated in all figure legends. Data presented in

graphs are expressed as mean ± SEM.

Results:

Transcriptomic expression of m^{6}A regulators in uterine fibroids

To determine the role of m^{6}A modification and their modifiers, we began by

analyzing transcriptomic expression levels of writers (*METTL3, METTL14, METTL4,*

CBLL1, VIRMA, WTAP, RBM15, ZC3H13), readers (*HNRNPA2, YTHDF1, YTHDF2,*

YTHDC1, YTHDC2), and erasers (*FTO* and *ALKBH5*) in normal myometrium (n=9) and

fibroids (n=12) [SRP166862 from our previous study (13)] (**Figure 1**). Out of these

candidates, mRNA expression of writer protein *RBM15* was found to be significantly

upregulated in uterine fibroids by RNA-seq (**Figure 1g**). To confirm our finding, we

performed RT-qPCR on a separate set of fibroids and matched myometrium patient

samples (**Suppl. Figure 1**) with an emphasis on *METTL3* due to the catalytic nature of

the protein and RBM15 as it was found to be significantly induced. Overall, RT-qPCR

data confirmed mRNA levels of METTL3 was not statistically significant between normal

myometrium and fibroid samples (**Suppl. Figure 1a**). We confirmed that *RBM15*

expression was significantly different when comparing fibroids with matched

myometrium (**Suppl. Figure 1e**). Expression levels of other writer proteins METTL14,

METTL16, VIRMA was unchanged (**Suppl. Figure 1b-d**). Similarly, mRNA levels of

reader proteins YTHDF1, YTHDF2, YTHDF3, YTHDC1 (**Suppl. Figure 1f-i**) and

erasers ALKBH5 and FTO (**Suppl Figure 1j, 1k**) were not statistically significant.

Previous studies identified differential expression of mRNA and miRNA between

fibroids isolated from Black and White women indicating these candidate factors could

drive racial disparity of the disease (29, 30). To determine if m^{6}A modifiers were

differentially expressed between fibroids obtained from Black and White women, we

utilized RNA expression profile obtained from our recently published RNA-seq data (13).

Among the 15 epigenetic marks, we identified upregulation of *RBM15* in fibroids

compared to normal myometria in White (**Suppl Figure 2a**) but not Black women

(**Suppl Figure 2b**). No race specific molecular disparity within normal myometrium or

fibroids, within Black and White women were identified (**Suppl Figure 3a, 3b**).

Protein expression of m^{6}A modifiers in uterine fibroids

To confirm RNA expression profile, we performed western blot analysis on key

m^{6}A proteins (**Figure 2**). Specific emphasis was laid on METTL3 due to the

fundamental nature of the protein in driving m^{6}A RNA methylation and RBM15 as its

transcript profiles were elevated in our analysis (**Figure 1g** and **Suppl Figure 1e**).

Protein levels of METTL3 were not significantly altered within normal myometrium (n=

19) and fibroids (n= 26) (**Figure 2a**, **2b**). There was no significant difference in RBM15

protein expression within fibroids (n=23) and matched myometrium (n=19) (**Figure 2a**,

2b). Our analysis of other core reader proteins METTL14, WTAP, CBLL1, VIRMA also

did not show differential expression in fibroids and matched myometrial samples

(**Figure 2A, 2B**). In concordance with our transcript analysis, eraser proteins, FTO and

ALKBH5 remained statistically unchanged between myometria and fibroid patient

samples (**Figure 2A, 2B**). Overall, protein expression levels of m^{6}A modifiers were in

concert with the transcriptomic finding, except for RBM15, indicating a lack of differential

expression in protein levels between fibroids and myometrium.

Abundance of mRNA and small RNA modifications in uterine fibroids

We next considered the possibility of differential methylase and demethylase

activity in absence of significant RNA and protein expression profiles fibroids and

myometrium. mRNA was isolated, concentration of modified RNA nucleosides was

measured by UHPLC-MS/MS. No differential signal abundance of m^{6}A was observed

between fibroids and matched myometrium (**Figure 3a**). We extended our analysis to

other well characterized mRNA modifications that have been identified in eukaryotes

and known to impact various cellular functions (31) to determine if these were

dysregulated in uterine fibroids. We did not identify any additional modifications (m^5C,

m^7G, ac^4c, m^1A, f^5C, dA, ho^5u) to have altered abundance in our fibroid samples versus

myometrium samples (**Figure 3b-h**).

In addition to mRNA, small RNAs (<200 bps) are known to harbor diverse RNA

modifications that can modulate complex biological processes (32). Small RNAs have

been identified to be differentially expressed in fibroids and thought to regulate multiple

processes that influence uterine fibroid development and progression (30). Following

isolation of small RNA from normal myometrium and matched fibroids, we measured

post translational RNA modifications. We were unable to detect differential expression

of m^6A levels in our fibroid samples and myometrium samples (**Suppl. Fig 4a**). We

simultaneously measured other modified nucleoside abundance including, m^1A, i^6A,

ac^4c, m^5C, m^3C, f^5C, m^1G, m^7G, mo^5U, ho^5U, m^5U that have been implicated to regulate

translational machinery and influence physiological processes (32). Our analysis did not

identify these modifications to be differentially expressed (**Suppl. Fig 4b-l**), indicating

an absence of preferential small RNA modifications in fibroids.

Characterization of m6A modifiers with respect to genetic sub-type.

Uterine fibroids are driven by multiple driver mutations, including *MED12*,

HMGA1, *HMGA2*, *FH* and the more recently characterized mutation in the SRCAP

complex subunits (11-13). Multiple studies both from our lab and others have shown

that normal myometrium and these driver mutations form separate transcription clusters

indicating altered pathways are activated in these genetic subtypes (11-13). To define a

broader clinical perspective, we mined gene expression profiles of 162 normal

myometrium and 190 fibroid samples that were recently published by Berta et al (11).

These fibroid samples were divided into *MED12* (n=38), *HMGA2* (n=44), *HMGA1*

(n=62), *FH* (n=15), *YEATS* (n=16) and *OM* (n=15) allowing capture of majority of fibroid

subtypes as described (11). We mapped each genetic sub-type against fold change to

determine if these modifiers were preferentially expressed (**Figure 4**). We identified

statistical, though modest changes in majority of epigenetic regulators based on

mutation status. Among the readers, *METTL3* was found to be significantly upregulated

in *HMGA2* (log2- fold 0.11) and *YEATS* (log 2-fold 0.15) sub-type fibroids (**Figure 4a**).

METTL14 on the other hand was significantly downregulated in *MED12* (log 2-fold -

0.16) and *HMGA2* (log 2-fold -0.08) fibroids, while upregulated in *YEATS* (log 2-fold

0.12) fibroids but was not statistically significant (**Figure 4b**). In congruence with our

RNA-seq analysis (**Figure 1g**), *RBM15* was upregulated in almost all fibroid sub-types

(**Figure 4g**). Among writer proteins, *YTHDF1* was upregulated in majority of fibroid sub-

types (**Figure 4k**), while *YTHDC2* was significantly downregulated in *HMGA1* (log 2-fold

-0.09), *FH* (log 2-fold -0.16), *YEATS* (log 2-fold -0.13) fibroid subtype (**Figure 4n**). There

was elevated expression of m^6A demethylase *ALKBH5* in majority of fibroid sub-types

(**Figure 4o**), while mRNA expression of *FTO* was significantly decreased in all sub-

types (**Figure 4p**).

We next harnessed mammalian m^6A predictor, SRAMP (sequence-based RNA

adenosine methylation site predictor)(33) to predict if key fibroid genes identified by us

and others (11-13), had m^6A sites in their mRNA (**Supplementary Table 2**). We

identified a collection of putative m^6A sites with varying levels of confidence in steroid

hormone receptor genes, (Progesterone Receptor (*PGR)*, Estrogen Receptor (*ESR1*)),

transcription factors (Pleomorphic adenoma gene 1 (*PLAG1)*, Pappalysin 2, (*PAPPA2)*,

Chromobox 2 (*CBX2)*, Chromobox 4 (*CBX4)*, Chromobox 8 (*CBX8)*, SATB homeobox 2

(SATB2)), DNA repair protein (RAD51 Paralog B (*RAD51B)*), steroidogenic genes

(Hydroxysteroid 17-beta dehydrogenase 6 (*HSD17B6)*, steroid 5 alpha-reductase 2

(*SRD5A2)*, tryptophan 2,3-dioxygenase (*TDO2)*), collagen associated genes (ADAM

metallopeptidase domain 12 (*ADAM12)*, Collagen type I alpha 1 chain (*COL1A1)*,

collagen type 3 alpha 1 chain (*COL3A1)*, Periostin (*POSTN)*) and growth factors Cyclin

D1 (*CCND1)*, vascular endothelial growth factor A *(VEGFA)*). These in silico analysis

suggests that key fibroid genes are possibly susceptible to RNA modification and

subsequent transcriptional regulation. However, in-depth analysis will be required to

define transcriptome-wide m^{6}A location and efficacy of these marks in fibroid etiology.

Discussion:

Over 170 RNA modifications have been identified of which m^{6}A accounts for the

most abundant and widespread mRNA internal modification (20, 34). The diverse

distribution patterns, its dynamic nature, and ability to regulate multiple physiological

processes has added another layer to post-transcriptional regulation. Multiple studies

have now identified that regulation of m^{6}A is driven by methyltransferases,

demethylases, or reader proteins and dysregulation of which is closely associated with

human cancers (35). In reproductive cancers, m^{6}A modifiers were identified to regulate

ovarian, endometrial, and cervical cancer (36, 37). However, characterization of m^{6}A

modification proteins have not been defined in uterine fibroids. Here, for the first time,

we provide an in-depth characterization of major modifiers of m^{6}A modification as it

relates to uterine fibroids.

The m^{6}A methyltransferase complex is comprised of a METTL3/METTL14

heterodimer core that adds m^{6}A in a highly specific manner (38). Due to the enzymatic

ability of METTL3 which allows addition of m^{6}A to nuclear RNA, we paid special

attention to both its transcriptomic and protein abundance in fibroids. Our analysis did

not identify differential expression in either RNA or protein of METTL3 in uterine fibroids

in absence of mutation status. Lack of differential m^{6}A RNA modification was also

observed in our LC-MS/MS data from both purified fractions of mRNA and small RNA

(**Figure 3A**; Supplementary **Figure 3A**). However, increased expression of METTL3

has been reported and could be attributed to patient and fibroid heterogeneity (39, 40).

When broken down by fibroid sub-type, we see mild increased expression of METTL3

mRNA in *HMGA2* and *YEATS* fibroid (**Figure 4A**). METTL3 and METTL14 form a 1:1

heterodimer and recognize the DRACH motif leading to induction of m^{6}A modification

on mRNA (41, 42). Inactivation or deletion of METTL14 results in depletion of m^{6}A in

mRNA, identifying it as a core regulator of m^{6}A addition (43). While no significant

changes were observed in transcriptomic and protein levels of METTL14 in global

fibroid samples, we identified changes when pared down by fibroid genetic sub-types. In

addition to METTL3 and METTL14, other core components are known to mediate m^{6}A

addition. Among these include WTAP which interacts and anchors METTL3 and

METTL14 to nuclear speckles regulating gene expression and alternative splicing (31).

WTAP interacts with another well-known m^{6}A mediator, VIRMA (43, 44). Apart from

VIRMA, ZC3H13 is another WTAP interactor and shown to be required for nuclear

localization of the writer complex (20, 34). CBLL1 has also been shown to couple with

WTAP (20, 34) and loss of CBLL1 led to reduction of global m^{6}A levels, identifying it as

another writer protein. WTAP expression was found to be increased in *YEATS* fibroid

and decreased in *MED12* mutants. While VIRMA and ZC3H13 were increased in

YEATS fibroid and CBLL1 was increased only in *HMGA2* fibroids. Among writer

proteins, we saw increased transcriptomic expression of RBM15 in both global (**Figure**

1G), by race (**Suppl Figure 2 a**) in multiple fibroid genetic sub-type (**Figure 4G**).

However, protein levels were not significantly changed in fibroids (**Figure 2a, 2b**).

RBM15 has been identified as part of m^6A writer complex and shown to bind the long

non-coding RNA, *XIST*. Knocking down RBM15 decreased m^6A methylation on *XIST*

RNA, leading to reduced *XIST* mediated gene silencing (45). *XIST* has been identified

to regulate fibroid pathology by sponging miR-29c and miR-200c leading to increased

expression of COL1A1, COL3A1, and FN1, key regulators of extracellular accumulation

(46). As an RNA binding protein, in addition to its role as a m^6A modulator, RBM15

regulates splicing of key differentiation genes involved in hematopoietic stem cells

quiescence (47). A hypothesis put forward to define uterine fibroid etiology is

reprogramming of myometrial stem cells leading to fibroid development (48). Whether

RBM15 plays a role in regulating cell fate decision of myometrial cells and if so, does it

mediate its action through m^6A or alternative splicing, and its contribution to uterine

fibroid pathogenesis remains to be explored.

There are five YTH domain-containing proteins (YTHDC1-2 and YTHDF1-3) that

have been structurally identified to recognize m^6A through a conserved aromatic cage.

YTHDF 1-3 is cytoplasmic, YTHDC1 is predominantly nuclear, while YTHDC2 can be

both nuclear and cytoplasmic. YTHDF1 has been linked to enhanced translation of m^6A

mRNA, while YTHDF2 binding leads to RNA degradation bought about by recruitment

of CCR4-NOT deadenylation complex. Finally, YTHDF3 cooperatively binds to YTHDF1

and YTHDF2 regulating translation and degradation thereby impacting gene expression

profile of m^{6}A- containing mRNA (20, 49). Among YTHDF1-3, statistical significance

was identified only in YTHDF1 (**Figure 4K-O**). In addition to regulating m^{6}A mRNA,

YTHDC1 also appears to mediate function of long noncoding RNA, in particularly *XIST*

and regulating transcriptional silencing of the X-chromosome (45, 50). Transcript levels

of both YTHDC1 and YTHDC2 were found to decreased in some variation in all fibroid

genetic subtypes.

Two m^{6}A demethylases, FTO and ALKBH5, have been identified that are able to

convert m^{6}A to A and regulate global m^{6}A levels. FTO and ALKBH5 have been reported

to be dysregulated in diverse diseases leading to m^{6}A demethylation, modulation of

gene expression downstream and influencing biological consequence (51, 52). With

relation to fibroid genetic subtype, we saw an inverse correlation with regards to

transcript profiles between ALKBH5 and FTO, indicating that these demethylases are

nonredundant and exhibit distinct epigenetic regulation.

There is a strong racial disparity in the disease, with Black women presenting

with an earlier onset of the disease and greater severity (53). We postulated that

fibroids from Black women could exhibit differential expression of m^{6}A modifiers when

compared to White women. Transcriptomic analysis of m^{6}A modifiers identified

increased transcript expression of RBM15 in fibroids from White women (**Suppl Figure**

2), but not Black (**Suppl Figure 2b**) indicating that there might be differential m^{6}A levels

between fibroids obtained from White and Black women but will need confirmation in a

much larger cohort of patient samples.

Altered levels of modifiers based on genetic sub-type, led us to explore if genes

known to be associated with fibroids had specific m[6]A methylation patterns. As uterine

fibroids rely on estrogen and progesterone to grow, increased levels of ESR1 and PGR

may affect underlying molecular pathways driving fibroid growth and progression.

Traditionally anti-progestins are prescribed to reduce uterine bleeding and decrease

fibroid volume (54-59). In silico analysis identified multiples sites on *ESR1* and *PGR* that

could harbor m[6]A modification with moderate and high confidence, indicating that

transcript abundance of these key steroidogenic receptor molecules may be regulated

post-transcriptionally. SRAMP analysis also predicted m[6]A modification sites on several

transcription factors that were implicated to regulate uterine fibroids, namely, *PLAG1*,

PAPPA2, *CBX2*, *CBX4*, *CBX8*, *SATB2*. Transcript levels of *PLAG1* and *PAPPA2* were

identified to have elevated expression in HMGA1/2 uterine fibroids (13). While *CBX2*,

CBX4, *CBX8*, *SATB2*, have been previously implicated in uterine fibroidogenesis(11,

13, 60). DNA repair protein, RAD51B is upregulated in *MED12*, *HMGA1*, and *HMGA2*

fibroids suggesting a cell response to genomic instability and a possible "second-hit"

pushing normal myometrial cells to tumorigeneses (61). In addition, in silico analysis

identified m[6]A marks on TDO2 mRNA, a key enzyme catalyzing the conversion of

tryptophan to kynurenine which was recently identified to be upregulated in *MED12*

mutant fibroids and dependent on race (62-64). TDO2 inhibitor, 680C91, reduced

expression of *COL1A1* and *COL3A1*, genes involved in collagen production and

extracellular matrix (ECM) accumulation, in primary uterine fibroid culture (62). More

recently, primary myometrial cells treated with mono(2-ethyl-5-hydroxyhexyl) phthalate

(MEHHP), increased expression of *TDO2*, promoting tryptophan metabolism. Depletion

of TDO2 reduced proliferative action of MEHHP on primary fibroid cells identifying it as

pro-survival factor. Our in-silico analysis also identified m^{6}A marks on *COL1A1*,

COL3A1, and *POSTN*, known structural constituents of ECM organization. Notably, in

triple negative breast cancer cells, increased expression of METTL3 was negatively

correlated with COL3A1 expression (65). We and others identified increased expression

of POSTN and characterized its role as potential regulator of fibroidogenesis (66, 67).

POSTN has also been identified to be regulated by through m^{6}A modification during

cardiac remodeling (68). *CCND1* and *VEGFA*, other known regulators of uterine

fibroids (13, 69, 70) were similarly ordained with m^{6}A modifications in their RNA.

CCND1 has been identified to be regulated through its m^{6}A modification and influence

hematopoietic stem/progenitor cells differentiation (71).

In summary, while global transcriptomics and protein levels were unchanged, we

identified modest genetic sub-type expression of m^{6}A modifiers. Our analysis did

identify transcript levels of *RBM15* to be consistently increased but differential

expression in protein levels were not detected. While modest (1-1.4-fold), we identified

statistically significant differential expression, indicating that driver mutations could

regulate m^{6}A deposition in a fibroid specific subtype manner. Characterization of key

fibroid genes identified multiple m^{6}A marks indicating the possibility of interplay between

methylation and mRNA expression and downstream deregulation of biological

processes. However, in-depth sequencing and characterization of m^{6}A sites will be

needed to be performed to further define the possibility of m^{6}A in fibroid pathology.

Since protein abundance can be post-transcriptionally regulated and protein levels are

not always correlated with mRNA levels (72), the discovery of m^{6}A marks and modifiers

in uterine fibroids opens the field to additional effector molecules that were previously

unappreciated in tumor formation. While our studies did not identify difference in protein

expression or RNA modifications in uterine fibroids, an in-depth approach with larger

patient cohorts with regards to genetic sub-types and race will be needed to define

expression profiles and validate possible influence of RNA modifications on fibroid

pathogenesis and progression.

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Figure 1: Transcriptomic analysis of m⁶A modifiers in uterine fibroids. RNA-seq analysis of normalized expression of leiomyoma and matched myometrium (SRP166862). The y-axis is signal abundance quantified as log2 counts per million ($\log_2$ CPM) from myometrium (n=9) and fibroids (n=12). **a-g**. mRNA expression of m6A writers (*METTL3, METTL14, METTL4, CBLL1, VIRMA, WTAP, RBM15*). **h-m**. Readers (*ZC3H13, HNRNPA2, YTHDF1, YTHDF2, YTHDC1, YTHDC2*), and erasers (**n, o**), (*ALKBH5, FTO*). Data are represented as means ± SEM. Statistically significant differences between groups were calculated with paired student's t-test. *P*-values for each comparison is reported.

Supplementary Figure 1: RT-qPCR analysis of m⁶A modifiers in uterine fibroids and matched myometrium. RNA levels of (**a**) *METTL3* (n=12), (**b**) *METTL14* (n=6), (**c**) *METTL16* (n=6), (**d**) *VIRMA* (n=6), (**e**) *RBM15* (n=18) (**f**) *YTHDF1* (n=6), (**g**) *YTHDF2* (n=6), (**h**) *YTHDF3* (n=6), (**i**) *YTHDC1* (n=6), (**j**) *ALKBH5* (n=6), (**k**) *FTO* (n=6). Results are presented relative to *RPL17*. Statistically significant differences between groups were calculated with paired student's t-test. *P*-values for each comparison is reported.

Supplementary Figure 2: Transcriptomic analysis of m⁶A modifiers in leiomyoma and matched myometrium in White and Black women. RNA-seq analysis (SRP166862) of normalized expression of leiomyoma and matched myometrium (GSE120854). The y-axis is signal abundance quantified as log2 counts per million (log2 CPM). **a.** mRNA expression in normal myometrium (n=4) and leiomyoma (n=6) from white women. **b.** mRNA expression in normal myometrium (n=5) and leiomyoma (n=6) from black women. Data are represented as means ± SEM. *FDR* for each comparison is reported.

Supplementary Figure 3: Transcriptomic analysis of m6A modifiers in normal myometrium and leiomyoma in White and Black women. RNA-seq analysis (SRP166862) of normalized expression of leiomyoma and matched myometrium (GSE120854). The y-axis is signal abundance quantified as log2 counts per million (log2 CPM). **a**. mRNA expression in normal myometrium from White (n=4) and Black (n=5) women. **b**. mRNA expression in leiomyoma from White (n=6) and Black (n=6). Data are represented as means ± SEM. *P*-values for each comparison is reported.

Figure 2: Western blot analysis of m⁶A modifiers in leiomyoma. Proteins were isolated from uterine leiomyoma and matched myometrium and probed for m⁶A modifier proteins. (**A**) Representative western blots of METTL3, WTAP, CBLL1, VIRMA, METTL14, RBM15, FTO, and ALKBH5. ACTB was used as loading control. M=Myometrium; L=Leiomyoma. P denotes individual patient samples. (**B**) Data was quantified for METTL3 (myometrium (n=19) and leiomyoma (n=26), RBM15 (myometrium (n=15) and leiomyoma (n=23), WTAP, CBLL1, VIRMA, METTL14, FTO, and ALKBH5, were quantified from 12 paired fibroids and matched myometrium patient samples. Statistically significant differences between groups were calculated with paired student's t-test. *P*-values for each comparison is reported.

Figure 3: mRNA modifications from normal myometrium and matched fibroids. The y-axis is signal abundance quantified as pg/µl myometrium (n=6) and matched fibroids (n=6). Changes in (**a**) N6-methyladenosine (m6A), (**b**) 5-methylycytosine (m5C), (**c**) N7-methylguanosine (m7G), (**d**) N4-acetylcytidine (ac4C), (**e**) N1-methyladenosine (m1A), (**f**) 5-Formylcytidine (f5C), (**g**) 2'-deoxyadenosine (dA), (**h**) 5-hydroxyuridine (ho5U) were measured. Statistically significant differences between groups were calculated with paired student's t-test. *P*-values for each comparison is reported.

Supplementary Figure 4: small RNA modifications from normal myometrium and matched fibroids. The y-axis is signal abundance quantified as pg/µl myometrium (n=5) and matched fibroids (n=5). Changes in (**a**) N^6-methyladenosine (m^{6}A), (**b**) N^1-methyladenosine (m^{1}A), (**c**) N^6-isopentenyladenosine (i6A), (**d**) N^4-acetylcytidine (ac^{4}C), (**e**) 5-methylycytosine (m^{5}C), (**f**) N^3-methylcytidine (m^{3}C), (**g**) 5-Formylcytidine (f^{5}C), (**h**) N^1 methylguanosine (m^{1}G), (**i**) N^7-methylguanosine (m^{7}G), (**j**) 5-methoxyuridine (mo^{5}U) (**k**) 5-hydroxyuridine (ho^{5}U), (**l**) 5-methyluridine (m^{5}U) were measured. Statistically significant differences between groups were calculated with paired student's t-test. *P*-values for each comparison is reported.

Figure 4: Expression profile of m^{6}A modifiers in relation to fibroid genetic sub-types. Gene expression of m^{6}A modifiers mapped in relation to fibroid genetic sub-types as defined by Berta et al (11). Y-axis denotes fold-change, and each genetic subtype is denoted in the X-axis. *MED12* (Mediator complex subunit 12), *HMGA1/2* (High Mobility group A1/2), *FH* (Fumarate Hydratase), *YEATS* (YEATS domain containing 4), *OM* (Other Mutations as defined by alteration of other members of the SRCAP complex subunits). *MED12* (n=38), *HMGA2* (n=44), *HMGA1* (n=62), *FH* (n=15), *YEATS* (n=16) and *OM* (n=15). Reader proteins (**a-h**), Writers (**i-n**), and Erasers (**o, p**). Statistical significance was set at FDR <0.05 and value for each comparison is reported.