G-quadruplex formation in *GCK* and *TM6SF2* are targets for differential DNA methylation in metabolic dysfunction-associated fatty liver disease and type II diabetes mellitus patients

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Abstract

Background. The alarming increase in global rates of metabolic diseases (MetDs) and their association with an increased cancer risk renders them a considerable burden on our society. The interplay of environmental and genetic factors in causing MetDs may be reflected in DNA methylation patterns, particularly in non-canonical (non-B) DNA structures, such as G-quadruplexes or R-loops. To gain insight into the mechanisms of MetD progression, we focused on DNA methylation and functional analyses on intergenic regions of two MetD risk genes, glucokinase (*GCK)* exon 7 and transmembrane 6 superfamily 2 (*TM6SF2)* intron 2-exon 3 boundary, which are overlapped by long non-coding RNAs.

Results. Pyrosequencing of 148 blood samples from a nested cohort study revealed significant differential methylation in *GCK* and *TM6SF2* in MetD patients versus healthy controls. DNA methylation and gene expression data from The Cancer Genome Atlas (TCGA) for liver tumor versus normal tissue confirmed these observations. Detailed analysis including histone marks, chromatin conformation capture data, and luciferase reporter assays, highlighted the cell-type specific regulatory function of the target regions. The newly established method permanganate/S1 nuclease footprinting with direct adapter ligation (PDAL-Seq), as well as standard methods such as native DNA gel electrophoresis and circular dichroism (CD) spectrophotometry confirmed the formation of G4 structures in these regions. Based on our analysis, we propose that the elevated blood glucose and fatty acid levels as observed in MetD patients could lead to reformation or topological changes in the non-B DNA landscape causing differential methylation and altered transcription factor binding.

Conclusion. Our analyses provide a completely new view on the mechanisms underlying MetDs and their link to cancer, unveiling non-B DNA structures as novel targets for therapeutic interventions.

1. Introduction

Overweight and obesity represent a major health issue of the 21st century. Their worldwide rate tripled from 1975 to 2016 (1), affecting approximately 39% of the global population (2). Alarmingly, childhood obesity also increased from 0.7-0.9% in 1975 to 5.6-7.8% in 2016 (3). Caloric imbalance causing obesity is related to dietary habits, physical inactivity, stress, sleep patterns, social and educational status, and endocrine disorders (4). Excessive fat accumulation increases the risk of developing metabolic diseases (MetDs) such as the metabolic syndrome (MetS), type 2 diabetes mellitus (T2DM), metabolic dysfunction-associated fatty liver disease (MAFLD) (5, 6), and cardiovascular diseases (7). Furthermore, MetD patients have an elevated risk for gastric (8), pancreatic (9), hepatocellular (10), colorectal (11), and lung cancer (12, 13).

MAFLD is the most common form of chronic liver disease in industrialized societies (14) with a worldwide prevalence of 25% (15), and is strongly associated with T2DM (16). One hallmark of MAFLD is the development of large cytoplasmic lipid droplets in hepatocytes with the accumulation of proteins involved in lipid homeostasis on their surface. The key disease mechanism in MAFLD is very likely related to peripheral insulin resistance (16, 17). In addition, fatty acid β-oxidation is impaired in MAFLD owing to mitochondrial respiratory chain dysfunction, which, in combination with the accumulation of incompletely metabolized fatty acids, contributes to oxidative and lipotoxic stress in hepatocytes. This facilitates the progression from simple steatosis to advanced stages of MAFLD (18) which can further progress to liver fibrosis, cirrhosis, and to hepatocellular carcinoma (HCC) (19).

Currently, we do not fully understand the molecular mechanisms leading to the development and progression of MAFLD, but they clearly involve a complex interplay between genetic predisposition and environmental factors influencing epigenetic processes, such as DNA methylation (5-methylcytosine, 5mC). Studies investigating 5mC have identified differentially methylated positions (DMPs) associated with hepatic fat or key signaling pathways regulating glycolysis and *de novo* lipogenesis (20-24). Nevertheless, a mechanistic explanation of the impact of DMPs on gene expression, is lacking. In particular, if these DMPs are located in intergenic regions or exons without overlapping annotated regulatory elements, interpreting their biological functions remains difficult.

New insights arise from the observation that G-rich sequences with the ability to form non-canonical (non-B) DNA structures called G-quadruplexes (G4s) are sites of methylation instability (25), or actively influence DNA methylation (26). G4s are formed via the consensus motif $G_{\geq 3}N_xG_{\geq 3}N_xG_{\geq 3}N_xG_{\geq 3}$ and can adopt intra- or intermolecular planar G4 tetrads held together by Hoogsteen hydrogen bonds with a 1-7 bp long linker of any base (N) and stabilized by a monovalent cation *in vivo,* typically potassium (27-29). Their manifold biological roles and occurrences have been extensively reviewed (30-32). They often co-occur with RNA:DNA hybrids (R-loops) and stabilize each other (33). Recent studies have shown that their simultaneous formation plays an important role in regulatory processes

(34-36). Interestingly, G4s have been identified as binding hubs for transcription factors (TFs) (37, 38),

and DNA methyltransferases (DNMTs) (26, 39). Therefore, changes in the G4 landscape could lead to

alterations in DNA methylation and transcription factor binding, causing aberrant gene expression

patterns. This could ultimately lead to MAFLD, which in turn supports the development of more severe

diseases such as cancer.

To investigate the link between differential DNA methylation and non-B DNA formation in

MetDs, we performed locus-specific 5mC analysis in the gene body of two key metabolic genes, exon

7 of glucokinase (*GCK*) and the intron 2-exon 3 boundary of transmembrane 6 superfamily 2 (*TM6SF2*)

using 148 blood samples from a well-characterized cohort including lean and obese healthy subjects,

lean and obese MAFLD, and patients suffering from advanced MetDs including uncontrolled T2DM and

severe MAFLD, collected at the University Hospital Salzburg, Austria. *GCK* and *TM6SF2* are not only

known risk genes (*GCK* (40-43), *TM6SF2* (44-48)), but are also targets for drug design (49). In this study,

we focused on intragenic regions overlapped by long non-coding RNAs, which potentially form R-loops

in these genes and enhance G4 formation. *GCK* encodes for glucokinase, which is expressed only in the

pancreas and in hepatocytes. It serves as the first rate-limiting enzyme of the glycolysis pathway by

converting glucose to glucose-6-phosphate in hepatocytes and as a sensor of blood glucose levels in

the pancreas (reviewed in (50)). *GCK* also interacts with the fatty acid metabolism, since glucose-6-

phosphate can in addition serve as a precursor for glycerol-3-phosphate, an essential component in

the synthesis of triglycerides. This connection means that glucokinase activity can indirectly influence

fatty acid metabolism by contributing to the production of glycerol-3-phosphate, thus affecting fat

storage and energy balance in the body (51). TM6SF2 plays a major role in lipid metabolism via

processing and secretion of triglycerides and very low-density lipoproteins (VLDL) in hepatocytes

(reviewed in (52)). Impaired TM6SF2 function leads to disruptions of the lipid export process, causing

lipid accumulation within hepatocytes and the development and progression of MAFLD (53).

In this study, luciferase reporter assays, analysis of histone marks, and chromosome

conformation capture data (HiC) revealed the important regulatory roles of the intergenic *GCK* and

TM6SF2 regions. Furthermore, using an updated version of permanganate/S1 nuclease footprinting

with direct adapter ligation (PDAL-Seq) (54), native polyacrylamide (PAA) gel electrophoresis and

circular dichroism spectrophotometry (CD), we derived information about G-quadruplex formation in

these two regions. In summary, our observations elucidate not only the dynamics of 5mC in the gene

bodies of these two MetD risk genes in our patient cohort, but also result in a novel perspective of

non-B DNA involvement in the development of MAFLD. Furthermore, these new insights could help

explain the elevated cancer risk observed in MetD patients, emphasizing the critical need to

understand the interplay between DNA methylation and non-B DNA structures.

2. Results

Cohort demographics and description

To investigate the relationship between DNA methylation and G4 formation in the selected genes, we performed locus-specific 5mC analysis on the Qiagen Pyromark Q24 Platform for 148 blood donors which were classified as lean-healthy (LH), obese-healthy (OH), lean-MAFLD (LM), obese-MAFLD (OM), and advanced MetD (aMetD) according to their metabolic parameters, as described in the *Methods* section. The mean values of the clinical parameters are provided in Table 1 and Supplement Fig. 1.

The age of our study cohort ranged from 42-77 years, albeit the OM and aMetD groups showed significantly elevated age compared to the LH group (LH vs. OM p=.0152, LH vs aMetD p= 1.53e-05, Student´s t-test, and Supplement Table 1). This trend was not unexpected since MAFLD and uncontrolled T2DM, which are represented in the aMetD group, occur at a higher frequency in the elderly (aging-related diseases) (55). Fasting blood glucose, insulin, and aspartate transferase (AST) levels were significantly increased in OH, OM and aMetD, but not in LM compared to LH (Students t-test, Supplement Table 1). No significant change was detected in total cholesterol levels in any group compared to healthy controls. High-density lipoprotein (HDL) was significantly decreased in OM and aMetD, and low-density lipoprotein (LDL) was only decreased in aMetD, whereas total triglycerides were increased in LM, OM, and aMetD. The detailed p-values are shown in the Supplement Table 1.

Table 1. Study characteristics. Data are expressed as means ± standard deviation (SD)

	lean-healthy (LH) n=24		obese-healthy (OH) n=31		lean-MAFLD (LM) n=27		obese-MAFLD (OM) n=32		advanced MetD (aMetD) n=34	
	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD
Gender [f/m]	14/10 (58% f)		21/10 (68% f)		12/15 (44% f)		10/22 (31% f)		15/19 (44% f)	
Age [y]	52	8	53	6	54	4	57	3	63	8
BMI [kg/m2]	21.9	2.0	33.1	3.1	23.5	1.3	33.4	3.4	30.1	3.9
HbA$_{1c}$ [%]	5.3	0.2	5.5	0.3	5.4	0.3	5.8	0.5	7.3	1.4
HOMA	1.4	0.5	2.4	1.1	1.6	0.6	4.9	3.2	11.0	15.3
FIB4	1.2	0.4	0.9	0.2	1.1	0.2	1.1	0.3	3.0	1.6
Fast. Glucose [mg/dL]	89.6	7.0	93.5	6.9	91.3	6.3	105.3	16.1	166.0	54.2
Fast. Glucose [mmol/L]	5.0	0.4	5.2	0.4	5.1	0.3	5.8	0.9	9.2	3.0
Fast. Insulin [mU/L]	6.2	2.4	10.5	4.6	7.2	2.8	18.4	9.3	29.3	47.8
GGT [U/L]	15.6	6.5	22.3	12.1	28.3	20.5	55.5	71.6	210.1	219.6
AST [U/L]	20.4	5.5	22.0	5.5	23.7	5.6	29.3	12.7	60.2	41.7
ALT [U/L]	18.8	6.9	24.2	10.1	22.8	9.1	39.9	26.1	76.4	48.0
HDL-C [mg/dL]	69.8	15.0	63.9	19.3	62.7	16.5	52.1	15.8	48.6	13.7
LDL-C [mg/dL]	149.6	32.5	144.0	35.1	152.9	27.8	157.6	44.1	120.7	45.8
TG [mg/dL]	83.6	21.7	92.9	27.7	121.4	62.6	178.3	139.8	198.9	98.7
TChol [mg/dL]	216.8	38.8	211.0	35.6	221.3	28.7	222.3	45.2	195.2	50.5

141 BMI = Body mass index; HOMA = homeostasis model assessment; HbA$_{1c}$ = Glycated haemoglobin A$_{1c}$; FIB4 = Fibrosis4 score; Fast. Glucose = Fasting glucose; Fast. Insulin =
142 Fasting insulin; GGT = γ-glutamyl transpeptidase; AST = aspartate aminotransferase; ALT = alanine aminotransferase; HDL-c = High density lipoprotein cholesterol; LDL-c = Low
143 density lipoprotein cholesterol; TG = Triglycerides; TChol = total cholesterol;

GCK exon 7 and the TM6SF2 intron 2-exon 3 boundary are differentially methylated in MetD patients

GCK is encoded on the minus strand of chromosome 7 and consists of ten exons (Fig. 1A). 14 different transcripts are annotated for GCK in the ENSEMBL genome browser (56). Our region of interest is located in exon 7 (chr7:44,187,339-44,187,380; hg19) and is overlapped by an antisense lncRNA LOC105375258 (XR_927223.3) on the + strand. Furthermore, genome segmentation by automating chromatin state discovery and characterization (ChromHMM) in the UCSC genome browser (57) predicts a "weak enhancer or open chromatin cis regulatory element" in hepatoblastoma cell line HepG2 and a "promoter region including TSS" in the lymphoblast cell line K562 (Fig. 1A, yellow rectangle). In addition, an EGR1 TF binding site can be found in this region (Fig. 1A, grey rectangle) (57). Significant hypomethylation was detected in CpG 1 and 2 in aMetD patients, and in CpG 3 in LM, OM and aMetD compared to LH subjects. No changes were detected in CpG 4 (Fig. 1B). Given that alterations in DNA methylation are associated with aging (58) and metabolic diseases occur at higher frequency with increasing age (reviewed in (55)), we analyzed the magnitude of age-relation compared to published aging markers located in EDARADD (cg09809672), IPO8 (cg19722847), NHLRC1 (cg22736354), P2RXL1 (cg05442902) and SCGN (cg06493994). These five markers were selected based on their consistent identification in three distinct epigenetic clock studies utilizing Illumina Methylation arrays (58-60). Serving as reference genes, these markers were employed to assess the presence of age correlation with 5mC in our study cohort. Consistent with published values, we detected a significant positive (NHLRC1 and SCGN) and negative (IPO8, EDARADD and P2RXL1) association between DNA methylation a chronological age (Supplement Fig. 2). Since we wanted to discern whether the observed effects in the two target genes arise primarily from aging processes, disease-related mechanisms, or a synergistic combination of both factors, we limited our analysis to 42–60-year-old subjects. In this subset, we still observed a significant decrease in DNA methylation in all groups compared to lean-healthy subjects at CpG 3, which is even already detectable in obese-healthy and lean-MAFLD subjects (Fig. 1C). Apart from CpG 3, all other CpG positions did not show a significant change in DNA methylation, indicating that aging also plays a role in this region.

To validate these data, we investigated 5mC of GCK in TCGA from HCC compared to normal tissue (61). The nearest annotated CpG covered by the Illumina Methylation array is cg23381646 located 45 bp upstream of CpG 3. Furthermore, we looked at two flanking CpGs, cg12237784 located 294 bp upstream and cg03639919 is found 4,000 bp downstream of cg23381646 (Fig. 1A). Although DNA methylation at cg23381646 and cg12237784 was not significantly different (Wilcoxon rank sum test adjusted using Benjamini-Hochberg (BH) method, cg23381646: $p=.58$, cg12237784: $p=.075$), cg03639919 located 4 kb downstream was significantly hypomethylated in tumor versus normal tissue

(Supplement Fig. 3A, BH adjusted *p*=2.2E-16). Especially cg23381646 and cg03639919 appeared as

highly variable in tumor tissue with DNA methylation beta-values ranging from approximately 0.25-

0.8. The aggregated 5mC of these three positions displayed significant hypomethylation in tumor

versus normal tissue (Supplement Fig. 3A, BH adjusted *p*=2.4E-6), reflecting the same trend as

observed in our study.

Figure 1. DNA methylation in *GCK* exon 7 and within the *TM6SF2* intron 2-exon 3 boundary. Detailed information about the

A. *GCK* and **D.** *TM6SF2* regions including annotated CpG positions on the Illumina Methylation array. The grey rectangle

represents the EGR1 binding motif. The yellow rectangle indicates the genome segmentation by ChromHMM in UCSC genome

browser predicting a *"weak enhancer or open chromatin cis regulatory element"*. The pyrosequencing region is marked in

red. Line plot of median DNA methylation at **B.** *GCK* CpG 1-4 and **E.** *TM6SF2* CpG 3-6. DNA methylation at **C.** *GCK* CpG 1-3 and

G. *TM6SF2* CpG 3-5 for all ages and **D.** *GCK* CpG 1-3 and **H.** *TM6SF2* CpG 3-5 for patients aged 42-60 years. Pairwise comparison

against LH (Students t.test), *p<.05, ** *p*<.01, *** *p*<.001, **** *p*<.0001; LH: lean healthy, OH: obese healthy, LM: lean

MAFLD, OM: obese MAFLD, aMetD: advanced metabolic disease

Since aberrant DNA methylation in regulatory regions is often linked to changes in gene

expression, we checked the *GCK* expression levels in a published dataset of MAFLD patients because

transcriptome analysis data are currently not available for our cohort. *GCK* expression was increased

by 2.48-fold (false discovery rate (FDR) adjusted *p*=1.08E-05) in MAFLD compared to obese-healthy

subjects and by 1.83-fold (FDR adjusted *p*=1.21E-05) in advanced MetD patients (metabolic

dysfunction-associated steatohepatitis, MASH) compared to lean-healthy subjects in blood (62). While

Ilieva and colleagues found *GCK* overexpressed in MAFLD and MASH patients (62), it was significantly

decreased in HCC patients from TCGA (Supplement Fig. 3B, BH adjusted *p*=1.2E-07) (61). Furthermore,

the lncRNA LOC105375258 is expressed in liver tissue (63), but currently there are no further data

available concerning this lncRNA.

In line with *GCK* exon 7, the same analysis was performed for the *TM6SF2* intron 2-exon 3

boundary (chr19:19,381,224-19,381,297; hg19, Fig. 1E). *TM6SF2* is encoded by ten exons on the

reverse strand of chromosome 19. In total, there are five transcripts annotated, of which two result in

a retained intron and one in a skipped exon overlapping our target region (56). Notably, especially exon

3-5 are targets of alternative splicing events (Supplement Fig. 4). Furthermore, *TM6SF2* overlaps with

the sense lncRNA ENSG00000267629 (AC138430.4), sharing the same transcription start side. This

lncRNA represents a readthrough between *TM6SF2* and *HAPLN4* (56). ChromHMM predicts a "weak

enhancer or open chromatin cis regulatory element" in HepG2 and a "promoter region including TSS"

in K562 in the UCSC genome browser (57) (Fig. 1E, yellow rectangle), as well as an EGR1 binding site.

5mC analyses revealed that CpGs 3-5 were significantly hypermethylated in the advanced MetD group.

In contrast, CpG 4 and 5 were significantly hypomethylated in OM compared to LH and CpG 5 was also

significantly hypomethylated in LM compared to LH (Student´s t-test, Fig. 1F and G). Similar to *GCK*, we

observed an effect of age on DNA methylation in *TM6SF2*. The mean DNA methylation calculated from

CpG 1-6 in the *TM6SF2* intron 2-exon 3 boundary, as well as for the individual positions CpG 1, 3 and

strongest for CpG 5 correlated with the patients´ age (Supplement Fig. 2). Therefore, we restricted the

analysis to 42-60-years-old patients and still found a significant hypermethylation at CpG 3 and 4, but

not in 5 for the advanced MetD group. CpG 6 showed significant hypomethylation for LM and OM

compared to LH (Students t-test, Fig. 1H). Strikingly, we observed two different effects:

hypomethylation in lean and obese MAFLD subjects and hypermethylation in patients with advanced

MetD compared to lean healthy subjects. This could be caused by the elevated HbA_{1c} >7% as a sign of

less controlled T2DM, as well as increased fasting blood glucose, HOMA, ALT and total triglyceride

levels (Table 1 and Supplement Table 1 for *p* values, Supplement Fig. 1C, E, F, H and L). TCGA data

showed that the nearest annotated CpG cg11911689 (78 bp downstream of CpG 4, Fig. 1H) was

significantly hypomethylated in hepatocellular tumor tissue compared to normal tissue (Supplement

Fig. 3C, BH adjusted *p*=4.5E-10) (61). Cg26470696, located 2.2 kb downstream was hypermethylated,

although this was only barely significant (Supplement Fig. 3C, BH adjusted *p*=.04). The CpG located 5.9

kb upstream was also significantly hypomethylated (Supplement Fig. 3C, BH adjusted *p*=6.1E-10), but

not informative for our analysis due to the large distance to the investigated region. The nearest

annotated CpG and the next CpG located downstream were both highly variable methylated

(Supplement Fig. 3C). The aggregated 5mC of all three CpGs was significantly hypomethylated in tumor

versus normal tissue (Supplement Fig. 3C, BH adjusted *p*=.0033). Of note, the aggregated 5mC obtained

from TCGA was over 8 kb long and therefore, may not be informative. *TM6SF2* expression was significantly reduced in HCC tumor compared to adjacent normal tissue (Supplement Fig. 3D, BH adjusted *p*=6.5E-14). The expression of the overlapping sense lncRNA ENSG00000092054 (AC138430.1) has recently been shown to be increased by 3.19-fold (FDR adjusted *p*=.0005898) in MAFLD compared obese-healthy subjects (62). Furthermore, the expression level of this lncRNA was prognostic for the survival of intrahepatic cholangiocarcinoma (iCCA) with a hazard ratio (HR) of 1.582 (1.143-2.190, 95% CI, *p*=.006). Patients with a higher survival probability showed decreased expression of this lncRNA transcript (64). Moreover, it was also prognostic for patients suffering from acute myeloid leukemia (AML) (65).

Differentially methylated regions in *GCK* and *TM6SF2* harbor regulatory functions and contact neighboring genes

To assess the regulatory potential of the identified DMPs in *GCK* and *TM6SF2* target regions highlighted in yellow in Fig. 2A, we analyzed the activating H3K27ac, H3K4me1, H3K4me3 and the repressing H3K27me3 histone marks in H1-hESC (human embryonic stem cell line, light red), HepG2 (hepatoblastoma cell line, light blue), NHLF (lung fibroblasts, orange), K562 (lymphoblasts, brown), NHEK (normal human epidermal keratinocytes, violet), and MCF7 (breast cancer, green) cell lines in IGV from the ENCODE project (66). Unfortunately, for the hg19 assembly ENCODE did not include H3K4me1 data in IGV. *GCK* showed H3K4me1 activating histone marks in K562 cells and to a lesser extent also in HepG2 cells, whereas NHLF and NHEK cells harbored the repressive H3K27me3 mark (Fig. 2A, left panel). MCF7 cells showed H3K27ac marks near the target region in exon 7. Furthermore, the downstream regions overlapping exon 8-10 showed cell-type specific marks as indicated by H3K4me1 in HepG2 and K562 cells, but H3K27me3 in H1-hESC, NHLF and NHEK cells. For *TM6SF2* (Fig. 2A, right panel) we found strong signals for the activating H3K4me1 histone modification in K562 cells, but a H3K27me3 signals in NHEK and NHLF cells. HepG2 cells showed H3K4me1 and H3K4me3 marks in the promoter region of *TM6SF2*. In conclusion, the analysis of ENCODE histone modifications revealed cell type specific regulatory elements for both target regions.

To confirm these functions, we performed *in vitro* luciferase reporter assays for the differentially methylated regions in *GCK* exon 7 and the *TM6SF2* intron 2-exon 3 boundary. To do this, we cloned the regions of interest into two different CpG-free vectors upstream of the luciferase gene and tested for their potential promoter and enhancer functions (Fig. 2B). We detected both, a promoter (60.3±11.3-fold change, Welch two sample t-test, *p*=.0004, Fig. 2C) and enhancer (27.4±3.9-fold change, Welch two sample t-test, *p*=.0001) function for the *GCK* region compared to the empty vector. However, when the same region was methylated prior to the analysis, both functions were lost. This trend was confirmed by TCGA data (61) of the nearest annotated CpG, where lower methylation

268   resulted in higher expression (Fig. 2D). In contrast, we did not find a promoter function (Fig. 2E) for the

269   DMR located in *TM6SF2*, but the methylated construct within the CpG-free promoter vector showed a

270   by 1.7±0.2-fold (Welch Two Sample t-test *p*=.004) elevated enhancer function. This was underlined by

271   the correlation of the nearest annotated CpG and the expression of *TM6SF2* in TCGA data with higher

272   methylation of the CpG in the regulatory region, resulting in higher expression (Fig. 2F).

Figure 2. Regulatory roles of *GCK* and *TM6SF4* target regions. A. Activating (H3K27ac, H3K4me1 and H3K4me3) and
repressing (H3K27me3) histone modifications obtained from ChIP-seq experiments from ENCODE for H1-hESC (stem cells,
light red), HepG2 (hepatoblastoma, light blue), NHLF (healthy lung, orange), K562 (blood, brown), NHEK (Normal Human
Epidermal Keratinocytes, violet) and MCF7 (breast cancer, green) cell lines (66) in *GCK* (left panel) and *TM6SF2* (right panel).

To predict the potential neighboring targets of the *GCK* and *TM6SF2* regulatory regions, we

analyzed Hi-C data in HepG2 cells (66) and from HCC patient material (67) using the 3D Genome

Browser (68). *GCK* is located in a topological associated domain (TAD) of approximately 500 kb. When

comparing the interaction frequencies of HepG2 cells and HCC decreased signal intensities were

observed (Fig. 3A). Strikingly, within this TAD several genes are known for their association with

metabolic diseases and cancer. *AEBP1* was upregulated in MASH (69) and its elevated expression

predicted poor prognosis of liver fibrosis (70). *YKT6* was identified as metabolic syndrome risk gene in

a genome-wide association study (GWAS) in the Taiwanese population (71) and the upregulation of

YKT6 transcription was associated with poor prognosis of HCC (72). *BLVRA* expression was upregulated

in HCC (73). *URGCP* (also known as *URG4*) overexpression was related to tumor formation in mice (74),

as well as in humans where it was found in several different cancer entities such as HCC, gastric and

bladder cancer (75). Overexpression of *PGAM2* was found to downregulate glycolysis genes like

phosphofructokinase or hexokinase 2 in heart tissue of mice (76). Two genes of the adjacent TAD were

also linked to MetDs. The key cholesterol transport protein *NPC1L1* was identified as a risk factor for

MAFLD (77). *CAMK2B* differential methylation was caused by high glucose treatment in Huh-7 cells,

which were used for MAFLD and T2D models (78). By analyzing the potential contact points of the *GCK*

DMP, we noticed that this region stays in contact with an enhancer region in *GCK* intron 1

(~chr7:44,157,293-44,158,172, hg38) and a proximal enhancer region between *MYL7* and *POLD2* (Fig.

3B). Of note, in a pan-cancer analysis, elevated POLD2 expression was found in advanced tumor stages

and associated with poor prognosis, also for HCC (79).

TM6SF2 is located in a TAD together with *UPF1* (Fig. 3C), a gene involved in targeting a lncRNA

UCF1 implicated in cancer formation, and silencing of *UPF1* stimulated glycolysis in HCC (80).

Furthermore, a genetic variant located in the gene *NCAN* found in the same TAD is associated with

MAFLD (80). The interaction analysis showed that the *TM6SF2* DMP contacts a promoter-like region

within intron 3 of *HPLN4* (~chr19:19,260,457, hg38) as well as intron 8 of *SUGP1* (~chr19:19,280,457,

hg38), which was identified as regulator of cholesterol metabolism (81) (Fig. 3D).

In summary, both *in silico* data for histone marks and HiC data, as well as the luciferase reporter

assay provide evidence that *GCK* exon 7 and the *TM6SF2* intron 2-exon 3 boundary harbor important

regulatory elements, which are not only related to metabolic diseases, but also could play roles in

tumor formation and prognosis. Furthermore, our analysis points out that these regions contact

neighboring genes and that changes in their methylation patterns potentially also affect the interactions with these elements. This strongly indicates that changes in DNA methylation at these regulatory elements is not only associated with MAFLD but could also be linked to the enhanced cancer risk in MetD patients corroborated also by the changes in the HiC data within these TADs.

Figure 3. HiC data analysis in HepG2 cells and in HCC tumor material visualized in 3D genome browser (68). A. TAD formation on chromosome 7 around the *GCK* DMP in HepG2 (upper panel) (66) and HCC tumor tissue (lower panel) (67). **B.** Analysis of potential contact points of the regulatory region (red vertical line) shows interactions (blue highlighted areas) with *GCK* intron 1 and an intergenic region between *MYL7* and *POLD2* near an enhancer region. **C.** TAD formation on chromosome 19 around TM6SF2 in HepG2 (upper panel) (66) and HCC tumor tissue (lower panel) (67). **D.** Analysis of potential contact points of the

regulatory region (red vertical line) shows interactions (blue highlighted areas) with *SUGP1* and *HAPLN4*. Chromosome

annotations are given in the newer assembly hg38.

DMPs detected in *GCK* and *TM6SF2* are able to form non-B DNA structures

G-rich regions with a high GC-skew can form non-B DNA structures such as G4s (82) and R-

loops (83). To investigate if the detected DMPs in these two regulatory regions are located in non-B

DNA structures, we retrieved information about R-loop forming sequences (RLFS) (83) and putative G4

motifs (PQS) from pqsfinder (84). The *GCK* DMR does not harbor a predicted RLFS, albeit this exon is

overlapped by the annotated antisense lncRNA LOC105375258, but we found several G4 motifs (Fig.

4A left panel). All four CpG positions analyzed in *GCK* exon 7 are located in a G4 motif, with the top

differentially methylated CpG identified in all four MetD groups located in the longest loop of the G4

(Fig. 4A). Furthermore, exons 8-10 harbor both RLFS and PQS (Fig. 4A left panel). The *TM6SF2* DMR

contained a RLFS as well as PQS (Fig. 4A middle panel). These predicted motifs are not found in an

intronic control region at *PARD3B* (Fig. 4A right panel). The differentially methylated CpGs 4-6 were

located directly within the G4 motif in *TM6SF2* intron 2-exon 3 boundary and CpG 1-3 flanked the G4

sequence motif (Fig. 4A).

In vitro G4 formation was verified by analyzing published G4-sequencing (G4-Seq) maps based

on a polymerase stop assay in a buffer containing the G4 stabilizer pyridostatin (PDS) in HEK293T cells

(85) (Fig. 4A, black track). Strong signal intensities in *GCK* and *TM6SF2,* but not in *PARD3B*, confirm the

ability of the predicted motifs to form DNA secondary structures. As G4s are not necessarily formed in

living cells and their formation can vary strongly in different cell types, we analyzed published G4 ChIP-

Seq data in HEK293 cells (86). Especially, *GCK* shows enriched signal intensities compared to its input

control over the whole region spanning from exon 7 to exon 10 (Fig. 4A left panel), whereas *TM6SF2*

showed a more discrete peak for replicate 1 but not for replicate 2 (Fig. 4A middle panel). Since

antibody-based methods have to be taken with care, we aimed to verify these data with an alternative

method. Therefore, we updated a chemical method based on permanganate/S1 nuclease footprinting

(87), but linked it with direct adapter ligation and called it PDAL-Seq (permanganate/S1 nuclease

footprinting with direct adapter ligation and sequencing) (54). Since PDAL-Seq is a footprinting

method, we expected low or absent read frequency directly at the non-B DNA structure but increased

read frequency at the non-B DNA flanking sites. We did not detect a direct overlap of footprints for

HEK293 cells rather than a slight upstream shift. Only in MCF7 cell the footprint was more obvious (Fig.

4A left panel, light blue highlighted box). Of note, footprints detected in *GCK* exon 8-10 were more

pronounced and overlapped well with the strong G4-Seq signals (Fig. 4A left panel, light red highlighted

box), while the signals from the antibody-based G4 ChIP-Seq method were less clear (Fig. 4A, red

tracks). One explanation for the difference in G4 formation could be that for exon 8-10 a RLFS was

predicted, while this was absent for our target region in exon 7 and in general R-loops and G4s stabilize each other. In agreement to *GCK*, PDAL-Seq data confirmed G4 formation at the *TM6SF2* intron 2-exon 3 boundary due to the presence of a footprint in the tracks (Fig. 4A middle panel, blue tracks, light blue highlighted box). As G4s are important regulators of alternative splicing events (88), this signal directly at the exon-intron boundary could be involved in alternative splicing events. In contrast, the intronic region of *PARD3B* used as negative control did not contain a G4 motif, nor did it form G4s *in vitro* or in living cells (Fig. 4A right panel).

Next, we analyzed EGR1 ChIP-Seq data in K562 from ENCODE (66). Unfortunately, there were no data available in HEK293 cells. Strong EGR1 signals were detected co-occurring with the G4-Seq peak and the footprinting valley of PDAL-Seq. Currently we do not know, if non-B DNAs are formed in K562 cells, but bioinformatic studies predict EGR1 as a potential G4 binding protein (89). Nevertheless, also the negative G4 region in *PARD3B* showed a EGR1 binding site indicating that EGR1 does not only target G4 regions.

Finally, G4 folding was confirmed by native DNA polyacrylamide (PAA) gel electrophoresis (Fig. 4B). The *GCK* and *TM6SF2* target regions and two controls, *MYC* as a strong G4-folding positive region (90) and an enhancer region of *ESR1* as a G4-negative region (91), were PCR amplified and separated on a native 10% DNA PAA gel. Strikingly, both *GCK* and *TM6SF2*, as well as *MYC* showed significant shifted bands after the G4 folding procedure with potassium and heat induction (Fig. 4B, labeled with K), and even stronger after G4-stabilization with PDS (Fig. 4B, labeled with PDS), compared to the unfolded controls only containing Tris-buffer (Fig. 4B, labeled with U). This effect was not detected for the negative control region *ESR1*. In agreement with the native gel electrophoresis, CD experiments of the positive G4 folding region *MYC*, and our target regions in *GCK* and *TM6SF2*, showed characteristic CD spectra for parallel G4s with a negative peak at 240 nm and a positive peak at 260 nm (92) (Fig. 4C). This was not observed for the negative region in *ESR1*, as already confirmed in the DNA PAA gel.

To summarize, we identified G4 formation at the *GCK* exon 7 and *TM6SF2* intron 2-exon 3 boundary with five different methods: published G4-Seq and G4 ChIP-Seq data, PDAL-Seq, native PAA gel electrophoresis and CD spectra. The newly established PDAL-Seq approach emerged as a valid alternative method to detect non-B DNA formation. Taken together, the DNA methylation data obtained from patients´ blood, analysis of histone marks and HiC data, *in vitro* luciferase assays and the identification of non-B forming sites and their overlap with EGR1 binding, highlighted that non-B formation overlaps with sites of methylation instability within regulatory elements potentially affecting important cellular processes causing dysregulation of the cell's transcription patterns or alternative splicing processes.

Figure 4. Non-B DNA formation in *GCK* and *TM6SF2*: A. Shows *GCK* (chr7: 44,184,901-44,187,919), *TM6SF2* (chr19: 19,380,358-19,382,362) and the G4-negative region *PARD3B* (chr2:205,780,593-205,782,891); Data from different sources are shown in individual rows: Pink rectangles indicate R-loop forming sequences (RLFS) calculated by Quantitative Model of R-loop Forming Sequence (RLFS) finder (QmRLFS-finder) (83). Blue rectangles represent putative G4 forming motifs (PQS) obtained from pqsfinder (84), Black track: *in vitro* G4 formation stabilized with pyridostatin (PDS) in HEK293T cells (85); Grey track: ChIP input control (86); Red tracks: G4-ChIP-Seq tracks in HEK293 cells (2 replicates) (86); Blue tracks: PDAL-Seq replicates 1 and 2 of HEK293 and MCF7 cells, Olive tracks: transcription factor EGR1 binding in K546 cells (66). The sequences within *GCK* and *TM6SF2* forming a G4 structure are detailed below. G-tracks are underlined, grey boxes indicate CpG positions. Blue highlighted areas: identified differentially methylated regions; light red highlighted area: a second regulatory region in *GCK,* which can form G4s. **B.** Native DNA PAA gels identifies *in vitro* G4 formation in the G4 control region in *MYC*, *GCK* exon 7 and *TM6SF2* intron 2-exon 3, but not for *ESR1* (negative control). PCR products are loaded as unfolded (50 mM Tris-HCl pH 8.3) (U), folded with 150 mM KCl and heat induction (K), and folded with 150 mM KCl, heat induction and 10 µM PDS (PDS). **C.** CD spectra of G4 negative region *ESR1*, G4 positive region *MYC*, and the two target regions in *GCK* and *TM6SF2*. *MYC, GCK* and *TM6SF2* showed characteristic CD spectra for parallel G4s with a negative peak at 240 nm and a positive peak at 260 nm in a 50mM Tris-HCl pH 8.3 and 150 mM KCl buffer.

3. Discussion

Metabolic diseases often arise due to a complex interplay of genetic and epigenetic processes. Whereas the genetic risk is predefined by the base composition, the epigenetic landscape is flexible and heavily influenced by the individuals´ environment. To assess epigenetic changes in obesity and metabolic diseases, we analyzed DNA methylation patterns in intragenic (exonic and intron-exon boundary) regions of two key metabolism genes *GCK* and *TM6SF2* overlapping annotated lncRNAs in five different groups: lean- and obese healthy subjects, lean and obese MAFLD, as well as patients suffering from advanced MetDs. Significant 5mC changes were detected for both target genes. While *GCK* exon 7 was significantly hypomethylated in all groups especially at CpG 3 compared to lean healthy subjects, we observed a diverse pattern for the *TM6SF2* intron 2-exon 3 boundary. Lean- and obese MAFLD subjects showed a hypomethylation, whereas hypermethylation was detected in advanced MetD. This pattern likely mirrors the elevated blood glucose levels observed also as $HbA_{1c}>7\%$ within the advanced MetD group, potentially leading to hypermethylation. Since increasing chronological age is one major risk factor for developing metabolic diseases (reviewed in (55)), our findings of a significant age correlation with DNA methylation within *GCK* and *TM6SF2* were expected. In a previous study, Xu et al. already showed a relation between DNA methylation of a CpG island in exon 9 and 10 of *GCK* (hg19, chr7: 44,184,771-44,185,695) with age in 36 coronary heart disease patients and 36 matched controls (93), but to the best of our knowledge, there are currently no data available for *TM6SF2*. Furthermore, our results clearly showed significant differences in DNA methylation in individual disease groups, and this was also confirmed in liver cancer versus adjacent normal tissue from hepatocellular carcinoma patients obtained from *TCGA* data (61). Albeit the trend was reversed for *TM6SF2* with hypermethylation in aMetD but hypomethylation in HCC, the observation of opposing directions of differential methylation in blood versus the affected tissue is not unusual. In our latest epigenome-wide association study, a regulatory region upstream of NHL repeat containing 1 (*NHLRC1*) was found to be hypervariable, and hypermethylated in blood of lung cancer patients, but hypomethylated in lung cancer versus normal adjacent tissue (94).

Especially if differential methylation occurs within regulatory elements, effects on gene expression patterns are logical consequences. By investigating the target regions in luciferase reporter assays, we detected a promoter and enhancer function for *GCK* exon 7, which was abolished by DNA methylation. Furthermore, the *TM6SF2* target region showed an enhancer function only in a methylated state. Although transcriptome analysis is not available for our cohort, the comparisons with recent MAFLD gene expression studies (62) and TCGA data (61) revealed that expression of *GCK* and *TM6SF2* as well as of their overlapping lncRNA transcripts was altered in disease states. Of note, the expression of the lncRNA ENSG00000092054 annotated to *TM6SF2* is prognostic for the survival of

intrahepatic cholangiocarcinoma (64) as well as for AML (65). Nevertheless, the decreased expression

of *GCK* in HCC is also caused by its replacement by hexokinase 2 in tumor cells (95).

Next, we studied the occurrence of non-B DNA structures. Although we selected our target

region based on the annotation and expression of lncRNAs, R-loop formation was predicted only for

the *TM6SF2* intron 2-exon 3 boundary. Unlike *GCK* exon 7, which lacks RLFS, the upstream exon 8-10

potentially can form them, although a lncRNA is not annotated. Both target regions harbor several PQS

motifs likely forming *in vivo* G-quadruplexes. Experimental validation of non-B DNA formation was

conducted using several techniques, including published G4-Seq and ChIP-Seq data, PDAL-Seq, native

DNA PAA gel electrophoresis, and CD spectroscopy. These analyses confirmed the formation of G4

structures at the predicted sites in GCK exon 7 and TM6SF2 intron 2-exon 3 boundary, but also in the

upstream *GCK* exon 8-10 region. Additionally, EGR1 binding sites were identified, suggesting a

regulatory role for G4 structures in these regions. Strikingly, the differentially methylated CpGs are

located directly within G4 forming sequences pointing out the important roles of G4s causing

methylation instability. While we did not analyze DNA methylation in the second G4 cluster of *GCK* in

exon 8-10, Xu et al. detected significant hypomethylation in exons 9-10 in patients suffering from

coronary heart disease (49.77 ± 6.43%) compared to controls (54.47 ± 7.65%, *p*=.018) (93), reflecting

the same trend as in our study. G4 signals are stronger in regions with predicted RLFS and PQS motifs

by showing a more pronounced footprint compared to regions harboring PQS alone. Notably, since we

have used cell lines for our study, and within these cells the expression of the lncRNAs could differ

from liver tissue from MetD patients, probably the G4 signals are slightly different. Nevertheless,

differential methylation is detected in all three clusters (GCK exon 7, GCK exon 9-10 by (93) and *TM6SF2*

intron 2-exon 3 boundary) pointing out the important role of the G-quadruplex and probably the R-

loop as a stabilizer of the DNA secondary structures. Of particular note, PDAL-Seq emerges as a robust

alternative method for detecting non-B DNA structures, providing complementary evidence to the

other experimental approaches.

Based on our results and extensive literature research, we hypothesize that the pathologically

increased concentrations of glucose and fatty acids in obesity and metabolic diseases lead to

reformations or topological changes of the non-B DNA landscape (Fig.5). Since G4s are known as sites

for interactions and bound by DNMTs, other TFs as well as splicing factors (38), this in turn likely causes

changes in DNA methylation patterns, which we have observed. Ultimately, this could impact gene

expression or alternative splicing events and finally promotes disease formation and progression. First

of all, G4s are fairly sensitive to changes in concentrations of ions like potassium (96), or of the pH (97),

but strikingly a recent preprint by Guneri and colleagues observed G-quadruplex and i-motif formation

(non-B DNA structure formed opposite of a G4 on the C-rich strand) in the promoter of the insulin gene

(98). Its expression is dependent on the formation of these non-B DNA structures. Moreover, it has

been shown that pathologically high glucose concentrations formed a stable G4 and lead to significantly increased expression compared to normal glucose concentrations within a luciferase reporter assay (98). The link between G4s and cancer is well known. While the number of G4s naturally decreases during cell differentiation (99), G4s are increased in tumor tissue (100) and in the human keratinocytes (HaCaT) cancer cell line versus normal human epidermal keratinocytes NHEK (101). Evidence that G4s are involved in regulatory processes emerges also from the observation, that they function as TF binding hubs (37, 38). Amongst their top binders splice factors (38) and DNA methyltransferases were found (26, 39). Mao et al. hypothesized that G4 structures sequester DNMTs and direct DNA methylation away from regulatory elements (26). Hence topological changes caused by pathological and long-term elevated glucose or fatty acid concentrations as observed in obesity and metabolic diseases most likely lead to the observed differential methylation.

Additionally, a recent publication has shown that the cell-type specific transcriptome is shaped by G4s (102), fitting to our observation of cell type specific regulatory elements in *GCK* and *TM6SF2*. One of these TFs is EGR1, which recognizes a G-rich motif (103). Bioinformatic studies have shown that EGR1 belongs to a set of potential G4 binding proteins (89). The analysis of published EGR1 ChIP-Seq data in K562 showed that both target regions are strongly bound by EGR1. Therefore, it is reasonable to assume that changes in the G4 formation, or its topology could change the binding of EGR1 to these regulatory elements, and in consequence also the transcription of other genes, since HiC data clearly show several contact points for these regulatory elements.

Finally, G4s have been shown to control alternative splicing processes and they are enriched within approximately 100 bp next to the 3´ or 5´ splice sites (88). The splicing factor U2AF1, which recognizes the 3´splice site of a gene, is amongst the top ten candidates associated with G4s (38). Since we noticed that G4s flank the alternative splicing region intron 2 to intron 3, which spans the alternatively retained introns in a *TM6SF2* transcript like the lncRNA ENSG00000092054, changes in the G4 landscape could also trigger the enhanced formation of this lncRNA. This is underlined by the observation of Wang et al, that retained introns often co-occur with a high level of G4 formation (104).

Although further research is necessary to get a deeper understanding of the mechanisms involved, we were able to connect detected DMPs in metabolic risk genes to G-quadruplex formation in a patient cohort suffering from metabolism dysfunction-associated fatty liver disease and type II diabetes, for the very first time. Unfortunately, we are currently lacking G4 formation data in human liver biopsies, since this type of material is rare. Although the assessment of anthropometric and blood parameters, abdominal MRI and liver biopsies are the current standard for MAFLD diagnosis, liver biopsies cannot be applied on a broad scale in asymptomatic obese or lean-MAFLD subjects for ethical concerns or low patient acceptance. In conclusion, since metabolic diseases are linked to an elevated cancer risk, and aberrant DNA methylation as well as elevated non-B DNA formation occurs during cancer formation,

these mechanisms could point to a common mechanism of metabolic diseases and cancer development. Understanding this intricate connection is paramount in unraveling the complexities of metabolic diseases, marking a significant step forward in research.

Figure 5: Altered non-B DNA formation and lncRNA expression in patients suffering from metabolic diseases cause methylation instability and altered gene expression patterns or alternative splicing mechanisms.

4. Methods

Study cohort demographics

We designed a nested cohort study by selecting 148 blood samples from Caucasian origin collected at the University Hospital Salzburg, Austria, which fit into one of five groups according to the criteria below. The local ethics committee (Ethikkommission des Landes Salzburg No. 415-E/1521/6-2012, and an ethics approval by the Paracelsus Medical University Salzburg no 01-2022) approved the study and informed consent was obtained from all participants. Alanine transaminase (ALT) and aspartate transaminase (AST) levels ≤40 U/L for women and ≤50 U/L for men, with or without increased levels of γ-glutamyl transpeptidase (GGT), were considered as normal liver tests. Routine clinical parameters were determined during sampling at the outpatient clinics of the University Hospital Salzburg, Austria.

(1) Lean healthy subjects (LH, n=24): body mass index (BMI) ≤25.0 kg/m^2, normal liver tests, normal ultrasound and no components of MetS according to ATPIII criteria (105)

(2) Obese healthy subjects (OH, n=31): metabolic healthy obese (MHO) BMI ≥30.0 kg/m^2, normal ultrasound and normal liver tests, and ≤2 components of MetS (obesity and one additional metabolic syndrome defining criterion allowed and glycated hemoglobin (HbA$_{1c}$)<6.0%;

(3) Lean MAFLD subjects (LM, n=27): metabolic unhealthy normal weight (MUNW), BMI ≤25.0

kg/m^2, ultrasound evidence of a fatty liver, with or without elevated liver tests, HbA$_{1c}$<7%;

(4) Obese MAFLD subjects (OM, n=32): BMIs ≥30.0 kg/m^2, unequivocal fatty liver ultrasound, with

or without elevated liver tests, HbA$_{1c}$<7%;

(5) Advanced MetD (aMetD, n=34): Elevated fibrosis-4 (FIB4) score>2.67 and/or established T2DM

with elevated HbA$_{1c}$>7%.

Sequence specific DNA methylation analysis by pyrosequencing

DNA was extracted from 200 µL whole blood with Promega ReliaPrep Blood gDNA Miniprep

System (Cat #A5081) according to the manufacturer´s guidelines. Bisulfite conversion was performed

with 500 ng of genomic DNA (gDNA) input material using the Zymo Research Bisulfite Conversion Kit

(Cat #D5001). DNA was eluted with 60 µL M-Elution buffer (~8 ng/µL). PCR was performed with 2 µL

(~16 ng) or 4 µL (~32 ng) of BT-converted DNA with HotStar Taq Polymerase (Qiagen), depending on

the genomic region. Pyrosequencing was performed using 20 µL PCR product and 7.5 or 9 µM

sequencing primer. Detailed assay design, primer sequences, PCR mastermixes, annealing

temperatures and sequencing conditions can be found in the Supplement (Material & Methods section

1.1). Data analysis was performed with Pyromark Q24 Advanced software, R version 4.3.1 (106) and R

studio (107).

TCGA data and ENCODE histone mark and TF binding data analysis

DNA methylation and gene expression data were obtained from tumor versus normal tissue

from patients suffering from hepatocellular carcinoma (HCC) via the Shiny Methylation Analysis

Resource Tool (SMART), an interactive tool for analyzing *The Cancer Genome Atlas* (TCGA) data (108).

The Encyclopedia of DNA Elements (ENCODE) data for H3K27ac, H3K4me1 and H3K4me3 from

the liver hepatoblastoma cell line HepG2 and the lymphoblast cell line K562 (66) were downloaded

and visualized using the Integrative Genome Viewer (IGV) (109). Early growth response 1 (EGR1)

chromatin immunoprecipitation and sequencing (ChIP-Seq) data from K562 cells were obtained from

the ENCODE database (66).

Analyzing contact points in HiC datasets

564   Genome organization and chromatin interaction data (HiC) were obtained from HepG2 cells

565 via ENCODE (66), and for HCC material (67), and visualized with 3D Genome Browser (68). To detect

566 potential interactions with surrounding genes, we used the coordinates chr7: 44,187,355 in hg19

567 (chr7:44,147,756; hg38) for *GCK* exon 7 and chr19:19,381,266 in hg19 (chr19:19,270,457; hg38) for

568 *TM6SF2* intron 2-exon 3 for virtual 4C analysis using HiC data in the 3D Genome Browser (68).

Testing for regulatory functions using the luciferase reporter assay

To verify the regulatory role of the DMPs identified in *GCK* exon 7 and *TM6SF2* intron 2-exon

3 boundary, the regions were cloned into pCpG-free vectors (Invivogen). The pCpG-free basic vector

was used to detect potential promoter activity and the pCpG-free promoter vector contains a minimal

promoter to test for enhancer activity of the regions of interest. Since these vectors do not contain

any CpG dinucleotides in the backbone, *in vitro* DNA methylation can be performed with the *M.SssI*

enzyme, which then selectively methylates only the inserted human *GCK* or *TM6SF2* region and allows

to selectively study the effect of 5mC in the insert on luciferase gene expression.

Briefly, DNA was isolated from HepG2 cells and the regions were amplified with PCR primers

containing restriction enzyme (RE) cutting sites for *NsiI* (New England Biolabs, NEB) and *BamHI*/*HindIII*

(NEB) at the 5´ends of the forward and reverse primers, respectively. Each 500 ng of PCR amplicons

and plasmid were double-digested at 37°C for 20 min and cleaned up with Promega DNA cleanup and

concentration system (Cat# A2893). Primer sequences, restriction enzymes and PCR conditions can be

found in the Supplement (Material & Methods section 1.2).

The ligation reaction was performed in a 1:5 plasmid to insert copy number ratio using T4 DNA

ligase (NEB) at 16°C overnight. 5 µL of the ligated construct were transferred to chemically competent

E.coli GT115 cells (*pir* mutant strain, Invivogen) and spread on lysogeny broth (LB) plates containing

zeocin (50 µL/ml; Invivogen). Singe colonies were picked and incubated in 3 ml LB-zeocin medium

overnight. Plasmid was extracted with Promega PureYield Plasmid Midiprep System and successful

cloning was verified by Sanger Sequencing at LGC genomics (Berlin). 1 µg of plasmid was incubated

with 8 U *M.SssI* (NEB) at 37°C for 4 h for *in vitro* DNA methylation. The reaction was heat deactivated

at 65°C for 20 min, followed by plasmid cleanup with Promega ReliaPrep DNA Clean-Up and

Concentration kit.

24 h prior to transfection, 0.15×10^5 HepG2 cells per well were seeded in 24 well plates with

DMEM low glucose medium + 10% fetal bovine serum without antibiotics. Lipofectamin 3000 (Thermo

Scientific, Cat # L3000001) was used to transfect 500 ng plasmid and 25 ng pGL4 SV40 background

plasmid (firefly luciferase) and incubated overnight. After cell lysis, chemiluminescent read-out was

detected on a Tecan Spark plate reader (Tecan). Renilla readouts were normalized to the firefly

luciferase and finally, data were expressed as fold-change normalized against the empty vector.

Non-B DNA detection with permanganate/S1 nuclease footprinting with direct adapter ligation and sequencing (PDAL-Seq)

PDAL-Seq was performed according to the protocol described in (54). Further details can be found in the Supplement (Material & Methods Section 1.3). In short, 5-7 x 10^6 cells were washed two times with 1x PBS without Ca^{2+} and Mg^{2+} and incubated in 1 mL low salt buffer (15 mM Tris-HCl pH 7.5, 15 mM NaCl, 60 mM KCl, 300 mM sucrose, 0.5 mM EGTA) for 1 min. 670 µL of freshly prepared $KMnO_4$ stock solution (40 mM for HEK293, 70mM for MCF7) were added and incubated at 37°C in the dark for 80 sec. Subsequently, the reaction was stopped with 2.67 mL stop solution (50 mM EDTA, 700 mM β-mercaptoethanol, 1% SDS) and 79.5 µL proteinase K (20 mg/ml stock solution) were added. After overnight incubation at 37°C, DNA was extracted with phenol chloroform isoamylalcohol (PCI) and precipitated with 2 M NH_4OAc and 100% ethanol. After resuspending the pellet in 1 mL of 10 mM Tris HCl pH 8.0 buffer, RNA was digested by adding 2.5 µL of 20 mg/mL RNase A for 1 h followed by another PCI extraction. Free DNA ends were blocked with 500 U Terminal Transferase, 120 µM cordycepin-5´-triphosphate and 5 mM $CoCl_2$ in 500 µL total reaction volume, followed by a PCI extraction and two ethanol precipitations to avoid cordycepin carry over. 40 µg DNA were digested with 20 U S1 nuclease (0.5 U/1 µg DNA) in a total reaction volume of 600 µL at 37°C for 20 min. The reaction was stopped by adding 10 mM EDTA. After PCI extraction, end repair using T4 DNA polymerase was performed for 15 min at 12°C, followed by PCI extraction. 500 nM biotinylated P5 adapter were linked with 2000 U T4 DNA ligase in a final volume of 100 µL at 16°C overnight. To remove unligated P5 adapters, Agencourt SPRI bead cleanup was performed with 0.9 volumes of beads and eluted in 132 µL 1x TE buffer (10 mM Tris HCl pH 8.0, 1mM EDTA). Sonication was performed with an Covaris M220 focused-ultrasonicator in 130 µL Covaris microTube-AFA Fiber Pre-Slit Snap Cap (Cat #520045) tubes with the parameters: peak incidence power: 75, duty factor: 10, cycles per burst: 200 and treatment time: 80 sec, to reach a target peak of approximately 400 bp. Fragments were bound to streptavidin coated magnetic beads (Dynabeads® M-280 kilobaseBINDER kit, Cat #60101) and carefully washed with 10 mM Tris-HCl pH 7.5. The beads were then resuspended in 100 µL end repair mix (NEBNext End Repair Module, Cat #E6050) and incubated at 20°C for 30 min. After washing with 10 mM Tris-HCl pH 7.5, P7 adapter ligation (1 µM adapters, 400 U T4 DNA ligase) was performed on a wheel tube rotator at 20°C for 4 h. Beads were washed with 10 mM Tris-HCl pH 7.5 and resuspended in 100 µL PCR mix and PCR was performed. Detailed information about PCR reaction and primers are provided in the Supplement (Material and Methods section 1.3). SPRI bead purification removed unbound adapters and primer dimers and the quality of the resulting libraries was checked using an Agilent Fragment Analyzer. Library concentration was determined with KAPA Library Quantification Kit (Cat #KK4835) and sequenced on a NovaSeq platform with approximately 80 million reads. After demultiplexing the raw reads and quality control, reads were aligned to the human reference genome hg19 with the BWA-

MEM aligner (110). Subsequent filtering removed low-quality reads (mapping quality MQ <30) and

ENCODE blacklisted regions (66). BamCoverage files were generated with a 50 bp bin size and

normalized to 1× coverage and visualized in IGV (109). Data analysis was performed using the open-

source platform Galaxy (111).

Studying *in vitro* G4 formation with native DNA polyacrylamide gels and circular dicroism spectra

Target regions harboring the DMPs in *GCK* and *TM6SF2*, a positive control region in *MYC*

containing a predicted G4 motif (90), and a negative control region within a regulatory region of the

estrogen receptor substrate 1 (*ESR1)* without a predicted G4 motif (91) were PCR-amplified with

HotStar Taq Polymerase (Qiagen). The PCR fragments were cleaned-up with Promega ReliaPrep DNA

concentration kit and eluted in dH_2O. The amplicons were then diluted to a final concentration of 20

ng/µL in 50 mM Tris-HCl (pH 8.3). To enhance G4 folding, we prepared the same dilutions and added

150 mM KCl or 150 mM KCl and 10 µM pyridostatin (PDS) to the Tris-HCl buffer. The fragments were

then heated to 95°C and cooled gradually down to 25°C in a thermocycler overnight. DNA fragments

were loaded onto a native 10% DNA polyacrylamide (PAA) gel using 1× TBE buffer at 68 V (8 V/cm^2) for

2h. DNA PAA gels were post-stained with GelRed (Biotinum Cat #41003, 7 µL GelRed mixed with 15 ml

dH_2O) for 5 min and visualized with a BioRad ChemiDoc station. The detailed protocol can be found in

the Supplement (Material & Methods Section 1.4).

Circular dichroism (CD) spectra were obtained the same PCR amplicons, except for *ESR1*. This region

did not result in a sufficient amount of PCR product. Therefore, we used a 20 bp oligo within the *ESR1*

region in a concentration of 1 µM as negative control. All amplicons, including the *ESR1* oligo, were

reconstituted in 50 mM Tris-HCl (pH 8.3) and 150 mM KCl in a final volume of 200 µL. CD spectra were

recorded using the Chirascan™ Plus CD Spectrophotometer instrument (Applied Photophysics) in a 0.5

cm path cuvette at 25°C. Spectra were scanned from 340 to 220 nm., with a step size of 0.2 nm and a

bandwidth of 1 nm. Four spectra per sample were averaged. After blank correction, the CD ellipticity

θ in millidegrees was normalized using the relation θnorm = θ / (32980 × c × l), where c is the DNA

concentration in mol/L and l is the path length in cm.

Statistical analyses

All statistical analyses were performed using R version 4.3.1 (106) and R Studio (107).

Significant changes in DNA methylation in all groups were detected using analysis of variance (ANOVA)

with $p<.05$. For individual group comparisons, Student´s t-test ($p<.05$) was applied. Welch´s two sample

t-tests were performed to calculate significant differences in luciferase reporter assays ($p<.05$).

Author contribution

A. L. established PDAL Seq, designed assays and conceptualized the study; A. L., V. E., A. O., Z. L. and E. S. performed experiments, B. P. and E. A. collected and grouped the samples and gave substantial advice and intellectual input to the study; A. L. wrote the manuscript, A. L., E.A. and A.R. revised and edited the manuscript. All authors read and approved the final manuscript.

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Data accessibility

PDAL-Seq data are available at the Sequence Read Archive (SRA) (112) under the BioProject number PRJNA1088738.

Conflicts of Interest

A. L., V. E., A. O., Z. L., E. S., B. P., E. A. and A. R. do not have any conflicts of interest.

Abbreviations

5mC	5-methylcytosine
ChIP-Seq	Chromatin immunoprecipitation and sequencing
DMP	Differentially methylated position
DMR	Differentially methylated region
G4	G-quadruplex
GCK	Glucokinase
HiC/4C	Chromatin conformation capture
MAFLD	Metabolism dysfunction-associated fatty liver disease
MetD	Metabolic disease

MetS	Metabolic syndrome
Non-B DNA	Non-canonical DNA structure
PDAL-Seq	Permanganate/S1 nuclease footprinting with direct adapter ligation
PQS	Putative G4 forming sequence
R-loop	RNA:DNA hybrid
RLFS	R-loop forming sequence
T2DM	Type 2 diabetes mellitus
TF	Transcription factor
TM6SF2	Transmembrane 6 superfamily 2

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