Accounting for differences between Infinium MethylationEPIC v2 and v1 in DNA methylation-based tools

Beryl C. Zhuang†[1,2,3], Marcia Smiti Jude†[1,2,3], Chaini Konwar[1,2,3], Natan Yusupov[4,5], Calen P. Ryan[6], Hannah-Ruth Engelbrecht[1,2,3], Joanne Whitehead[1,2,3], Alexandra A. Halberstam[4,7], Julia L. MacIsaac[1,2,3], Kristy Dever[1,2,3], Toan Khanh Tran[8], Kim Korinek[9], Zachary Zimmer[10,11], Nanette R. Lee[12], Thomas W. McDade[13,14], Christopher W. Kuzawa[15], Kim M. Huffman[16], Daniel W. Belsky[6,17], Elisabeth B. Binder[4], Darina Czamara[4], Keegan Korthauer[3,18], Michael S. Kobor*[1,2,3,14]

† These authors contributed equally and should be considered as co-first authors

* Please address all correspondence concerning this article to Dr. Michael S. Kobor at michael.kobor@ubc.ca

1. Edwin S. H. Leong Centre for Healthy Aging, Faculty of Medicine, University of British Columbia , Vancouver, British Columbia, Canada
2. Centre for Molecular Medicine and Therapeutics and Department of Medical Genetics, University of British Columbia, Vancouver, British Columbia, Canada
3. British Columbia Children's Hospital Research Institute, Vancouver, British Columbia, Canada
4. Department Genes and Environment, Max Planck Institute of Psychiatry, Munich, Germany
5. International Max Planck Research School for Translational Psychiatry, Munich, Germany
6. Robert N. Butler Columbia Aging Center, Mailman School of Public Health, Columbia University, New York, United States
7. Harvard Medical School/MIT Institute of Technology MD-PhD program, Massachusetts, United States
8. Family Medicine Department, Hanoi Medical University, Hanoi, Vietnam
9. Department of Sociology, University of Utah, Salt Lake City, Utah, United States
10. Department of Family Studies and Gerontology, Mount Saint Vincent University, Halifax, Canada

11. Canada Research Chair, Global Aging and Community Initiative, Canada

12. USC-Office of Population Studies Foundation, Inc., University of San Carlos, Cebu City,

Philippines

13. Department of Anthropology, Northwestern University, Evanston, Illinois, United States

14. Program in Child and Brain Development, Canadian Institute for Advanced Research, Toronto,

Ontario, Canada

15. Department of Anthropology and Institute for Policy Research, Northwestern University, Evanston,

Illinois, United States

16. Duke University School of Medicine, Durham, United States

17. Department of Epidemiology, Columbia University Mailman School of Public Health, New York,

United States

18. Department of Statistics, Faculty of Science, University of British Columbia (Vancouver, British

Columbia, Canada

Summary blurb

Our work illustrates the importance of accounting for EPIC version in DNA methylation-based tools,

specifically in research scenarios when samples profiled across different versions are harmonized.

Keywords

Epigenetics, DNA methylation, Illumina EPIC array, epigenetic clocks, inflammation and lifestyle

biomarkers, cell type deconvolution

Abstract

The recently launched Illumina Infinium MethylationEPIC v2.0 (EPICv2), successor of MethylationEPIC

v1.0 (EPICv1), retains a majority of probes in EPICv1, while expanding coverage of regulatory elements.

The concordance between the two EPIC versions in DNA methylation-based tools has not yet been

investigated. To address this, DNA methylation was profiled on both versions using matched blood

samples across four cohorts spanning early to late adulthood. High concordance between versions at the

array level but variable agreement at the individual probe level was noted. A significant contribution of

EPIC version to DNA methylation variation was observed, though it was to a smaller extent compared to

sample relatedness and cell type composition. Modest but significant differences in DNA methylation-

based estimates between versions were observed, irrespective of the data preprocessing method used.

Adjustments for EPIC version or calculation of estimates separately for each version largely mitigated

these version-specific discordances. This work emphasizes the importance of accounting for EPIC version

differences in research scenarios, especially in meta-analyses and longitudinal studies that require data

harmonization across versions.

Introduction

Infinium Methylation BeadChip microarrays have been widely used to cost-effectively measure the

human DNA methylome in large scale and population-wide studies(Battram et al. 2022; Kuzawa et al.

2022; Li et al. 2019). The recently developed Illumina MethylationEPIC BeadChip Infinium microarray

v2.0 (900K, EPICv2) features a total of 936,866 probes, encompassing ~77% of the probes in the previous

version, the MethylationEPIC BeadChip Infinium microarray v1.0 B5 (850K, EPICv1), and over 200,000

new probes designed for increased coverage of enhancers, open chromatin regions, and CTCF-binding

domains(Infinium MethylationEPIC v2.0 BeadChip 2023). EPICv2 also differs from its predecessor in the

overall probe content and utility, with annotation to the most recent GRCh38/h38 human genome build,

differences in probe design type and strand switches, and incorporation of new "nv" probes targeting

recurrent somatic cancer mutations. Unlike EPICv1 where each probe is unique, EPICv2 includes ~5100

probes that each have between 2-10 replicates, differentiated based on their probe names and

sequences(Peters et al. 2024). Approximately 143,000 poorly performing probes on the EPICv1 have been

removed from the EPICv2, ~73% of which are likely to be influenced by underlying sequence

polymorphisms(Kaur et al. 2023; Noguera-Castells et al. 2023). Overall, these modifications in EPICv2

intend to provide wider coverage of the DNA methylome, with optimized performance across primary

tissues and cancer cell lines, and extended reliability across diverse human populations(Kaur et al. 2023;

Noguera-Castells et al. 2023).

Previous iterations of Illumina Infinium microarrays (27K, 450K and EPICv1) have been widely

used to develop DNA methylation-based bioinformatic tools including cell type deconvolution

algorithms(Houseman et al. 2014; Salas et al. 2018, 2022), a rapidly increasing and diverse set of epigenetic

clocks(Horvath 2013; Hannum et al. 2013; Horvath et al. 2018; Levine et al. 2018; Lu et al. 2019a, 2019b;

Belsky et al. 2022; Yang et al. 2016), interleukin 6 (IL-6) and C-reactive protein (CRP) inflammation

markers(Stevenson et al. 2021; Wielscher et al. 2022), and lifestyle biomarker predictors such as smoking

and alcohol use(McCartney et al. 2018). Simplistically speaking, these tools are based on the strong

correlations of DNA methylation levels at specific cytosine-guanine dinucleotides (CpGs) with measured

cell types, chronological age, and biomarker measures, respectively. The currently available tools have been

exclusively trained on one or more of the previous generation of microarrays(Horvath 2013; Hannum et al.

2013; Horvath et al. 2018; Levine et al. 2018; Lu et al. 2019b; Belsky et al. 2022), and many, but not all,

of predictive CpGs employed by these tools are retained on EPICv2(Kaur et al. 2023). Illustrating the

relevance of array iteration, estimates from some of these DNA methylation-based tools, while highly

correlated, are significantly different between 450K and EPICv1 using matched samples(Solomon et al.

2018; McEwen et al. 2018; Dhingra et al. 2019) and between EPICv1 and EPICv2(Lussier et al. 2024; Tay

et al. 2025). At a more basic level, DNA methylation profiles derived from a limited set of human cell lines

suggest a high agreement between EPICv1 and EPICv2. Given the extensive use of Illumina DNA

methylation arrays in primary human samples, and importantly, across large population studies, it is

imperative to determine the concordance of EPICv1 and EPICv2 in these more complex yet highly relevant

research settings.

Here, we used an unprecedented set of 67 primary human population samples and five technical

replicates to systematically assess the concordance of inferred estimates derived from a broad set of DNA

methylation-based tools between EPICv1 and EPICv2. We also tested whether EPIC version differences

might affect meta-analyses, which harness statistical power that comes from combining multiple cohorts,

and longitudinal studies, which often include samples profiled on different arrays/versions. Specifically,

we created sets of matched venous blood samples from 67 individuals across a diverse collection of four

populations spanning early to late adulthood, and profiled the DNA methylome using the EPICv1 and

EPICv2 arrays. Using this unique dataset, we tested the concordance of the two EPIC versions at both array

and probe levels and illustrated the potential contribution of EPIC version to overall DNA methylation

variation. To explore if these version differences are reflected in DNA methylation-based tools, including

immune cell type deconvolution algorithms, epigenetic clocks, inflammation and lifestyle biomarkers, we

compared their estimates between the two EPIC versions, and confirmed that these differences persisted

irrespective of data preprocessing methods. We also demonstrated different remediation methods to account

for these EPIC version discrepancies in epigenetic investigations. Collectively, this work encourages

careful consideration while harmonizing data profiled on the two EPIC versions and comparing epigenome-

wide association studies' (EWAS) findings from one version to another.

Results

EPIC version significantly influenced hierarchical clustering patterns and DNA methylation
variance, alongside sample relatedness and estimated cell type proportions
120
To compare the two most recent generations of Illumina MethylationEPIC BeadChip Infinium

microarrays, we measured the DNA methylomes of a subset of venous whole blood samples on both

EPICv1 and EPICv2 across three cohorts in the Kobor Lab, Vancouver, Canada (in-house facility): (i)

Vietnam Health and Aging Study (VHAS)(Korinek et al. 2019), (ii) Cebu Longitudinal Health and

Nutrition Survey (CLHNS)(Adair et al. 2011), and (iii) Comprehensive Assessment of Long-term Effects

of Reducing Intake of Energy (CALERIE)(Rochon et al. 2011), and an external cohort processed in a

different facility (Max Planck Institute of Psychiatry in Munich, Germany): Biological Classification of Mental Disorders study (BeCOME)(Brückl et al. 2020) (Table 1, Figure 1). These four cohorts represented distinct demographic and biological characteristics such as sex and age range. When we performed clustering using the 57 SNP probes available on both EPIC versions, as expected, we noted that matched samples from the same individual assessed on EPICv1 and EPICv2 grouped together (Supplementary Fig. S1).

We first employed sample-to-sample Pearson correlations in pair-wise manner using the 721,378 probes shared between EPICv1 and EPICv2 using the functional normalized data. Array level Pearson correlations were then hierarchically clustered in an unsupervised manner using complete linkage with Euclidean distance (Figure 2A and 2B). Examining these clustering patterns in a cohort-wise manner, we expectedly noted that samples clustered first by sex, a known biological driver of DNA methylation, followed by EPIC version (Figure 2B). When clustering was performed on all four cohorts combined, we observed a similar pattern (Figure 2A). Perhaps not surprisingly, samples from the BeCOME cohort, which were processed at an external facility, clustered relatively separately from the samples of the other three cohorts, highlighting the influence of the processing facility on some of the observed clustering patterns. When smaller subsets of predictive CpGs employed by DNA methylation-based tools (Table 2) were used for Pearson correlation calculation followed by clustering, we observed partial separation of samples based on EPIC version, but not by sex (Supplementary Fig. S2), which may be due to these CpG subsets being specifically enriched for predicting the targeted biological variable, thereby potentially reducing sensitivity to sex-specific differences. In addition to Pearson correlations, to capture systematic, potentially non-linear shifts in rank correlation, we calculated sample-to-sample Spearman rank correlations and subsequently performed unsupervised hierarchical clustering using complete linkage with Euclidean distance. We observed a clear demarcation of samples first by EPIC version within each cohort (Supplementary Fig. S3), and sample clustering first by the facility they were processed and then by version when all four cohorts were combined using functional normalized data (Supplementary Fig. S4).

Next, we performed principal component analysis (PCA) to capture the linear association between

top DNA methylation PCs and variables of interest, and measured the proportion of linear variance in PCs

that can be explained by each variable. The PC1 loadings, corresponding to >98% of DNA methylation

variation, were significantly associated with donor, measuring relatedness of matched samples, estimated

cell type proportions, and EPIC version, although EPIC version had a relatively smaller percentage

contribution, as assessed by adjusted R^2, compared to donor and a subset of estimated cell type

proportions (Supplementary Fig. S5A and S5C). When we similarly performed this analysis on an

individual cohort-basis, we noted that EPIC version, estimated cell types, and donor were associated with

PC1 with varying percentage contributions depending on the cohort investigated, suggesting that sample

sizes are a likely determinant of the relative contribution of each variable (Figure 2C, Supplementary Fig.

S5B).

Table 1. Demographics of the three in-house cohorts and external validation cohort.

	VHAS	CLHNS	CALERIE	External validation cohort: BeCOME
Samples (n)	48 (24 matched venous and capillary samples)	16	24	8
Country of origin	Vietnam	Philippines	United States of America	Germany
Biological sex (% Female)	36.4%	100%	54.2%	62.5%
Average age in years ± standard deviation	74.6 ± 6.7	48.4 ± 6.1	36.7 ± 8.1	40.0 ± 16.9

Figure 1. Overview of study design and analyses.

*Array level correlations and hierarchical clustering were also performed by combining cohorts.

Figure 2. (A) Unsupervised hierarchical clustering using complete linkage with Euclidean distance on sample-to-sample Pearson correlations, calculated using the 721,378 probes shared between EPICv1 and EPICv2 with functional normalized data across all four cohorts; blue to red color range denotes Pearson correlation from 0.95-1.00. **(B)** Cohort-wise unsupervised hierarchical clustering on sample-to-sample Pearson correlations. **(C)** Cohort-wise principal component analysis (PCA). Accounted variance of PCs are shown in brackets in the x- and y-axis label. Grey lines indicate matched samples from the same donor profiled on both EPICv1 and EPICv2. **(D)**. Probe-level Spearman correlation and pooled standard deviation (SD) of common probes. The X-axis represents the Spearman correlation and Y-axis represents the pooled SD of probes common to both EPIC versions. Dashed horizontal line indicates the pooled SD threshold set at lower quartile pooled SD for each cohort, and the vertical dashed line indicates the correlation threshold set at 0.70. The colors indicate the density of points, such that pink is low density and yellow is high density. Probes unique to either version are not shown.

EPICv1 and EPICv2 probes shared consistently high correlation at array level but not at the individual probe level

Within three cohorts, technical replicate samples derived from the same individual after bisulfite conversion were quantified on both EPIC versions at least twice, allowing us to examine the technical variation within each version. Given that all samples were matched on both versions, we were also able to compare these technical replicate samples between versions. We first used Spearman correlation to assess array level concordance in technical replicates, calculated by averaging DNA methylation (β) values across shared probes on per sample basis. We showed high concordance between both between-versions and within-version technical replicates, though the latter was relatively more correlated (between-versions correlations: 0.9737-0.9774; within-version: 0.9858-0.9916). Next, we determined the reliability of technical replicates both between- and within-version using intra-class correlation coefficients (ICC), and found slightly lower agreement in between-versions technical replicates (0.9947-0.9958) than within-

version (0.9972-0.9983) (Supplementary Table S1). Finally, we assessed the error in technical replicates between and within EPIC versions using root mean square root error (RMSE). As expected, the mean RMSE between-versions (0.0367-0.0416) was slightly higher than the within-version (0.0214-0.0264) (Supplementary Table S1).

Extending beyond the technical replicates to all the matched samples profiled on each version, we noted high array level Spearman correlation ranging from 0.968 to 0.981 between EPICv1 and EPICv2, though this was at the array level (Supplementary Table S2). In contrast to the strong array level concordance, Spearman correlations at the probe level, calculated as the concordance of β values of individual probes across samples between versions, were not as congruent. Specifically, only ~25% the probes per cohort had Spearman correlations greater than 0.70 while the remaining ~75% probes showed a low mean correlation of <0.30 (Supplementary Table S3, Figure 2D). These findings remained consistent regardless of the level of data processing such as background correction or normalization, as similar patterns were observed even when using raw data (Supplementary Table S4). Furthermore, on comparing these low-concordance probes to previously identified low-concordant probes across 450K and EPICv1 (Logue et al. 2017; Sugden et al. 2020; Olstad et al. 2022), we observed that 73-93% probes in these reference lists overlapped with our set of probes (Supplementary Table S5). One plausible explanation for low probe level correlations of the majority of probes may be low inter-sample variability. It has been previously reported that probes with a narrow range of DNA methylation β values across samples tend to have poor correlations(Solomon et al. 2018). To test this, we calculated pooled standard deviation (SD) across samples on a cohort basis, and defined the first lower quartile (≈ 0.01 for each cohort) as the pooled SD threshold to denote low variability (Supplementary Table S2). Supporting our hypothesis, we found that probes with Spearman correlations ≤ 0.70 had significantly lower pooled SD or low variability compared to probes with higher correlations (Supplementary Table S3). Specifically, of the probes with Spearman correlation ≤ 0.70, ~30% exhibited low inter-sample variability; in contrast, of probes with Spearman correlation > 0.70, only 0.069-5.577% exhibited low variability (Supplementary Table S6). We further evaluated probe variability and Spearman correlation on the 2,169 probes selected by both probe selection methods implemented in

the *FlowSorted.Blood.EPIC* R package for cell type deconvolution (see Methods). As these probes are specifically selected for their high variability to distinguish between cell types, as expected, they demonstrated significantly greater variability and higher Spearman correlations across all cohorts compared to the remaining shared probes (Supplementary Table S7). We also cross-referenced these poorly-concordant probes (Supplementary Table S8), which we defined as probes with low correlation despite their high variability, with low quality and unreliable probes identified in previous annotations of the Illumina arrays(Price et al. 2013; Pidsley et al. 2016; McCartney et al. 2016; Peters et al. 2024). Specifically, 0.11-2.39% of these poorly-concordant probes overlapped with previously identified as cross hybridizing to multiple genomic locations or mapped to genetic variant sites across all cohorts(Price et al. 2013; Pidsley et al. 2016; McCartney et al. 2016; Peters et al. 2024) (Supplementary Table S9). Of the 82 probes that have undergone design type switches in EPICv2(Kaur et al. 2023), 27-40 probes also overlapped with our poorly-concordant probes in the four cohorts. Overall, only a small fraction (~10%) of these poorly-concordant probes overlapped with probes of bad quality, design type switch(Kaur et al. 2023), and cross hybridization to the genome(Price et al. 2013; Pidsley et al. 2016; McCartney et al. 2016; Peters et al. 2024) (Supplementary Table S9), while the rest still remained unexplained. In contrast, of the highly correlated or low variability probes, ~80% overlapped with platform-bias free and high-confidence mapping probes recently identified in cell lines(Chen and Zhou 2024), confirming the agreement of the readouts at these probes (Supplementary Table S9).

We used the first lower quartile as the pooled SD threshold and Spearman correlation ≤ 0.70 to denote probes with low concordance and high variability, however we acknowledge that there is a continuum in the relationship between variability and correlation (Figure 2D). To examine if a more lenient threshold of variability and correlation would result in fewer unreliable probes shared between versions, we additionally employed a pooled SD threshold of 0.05 and Spearman correlation threshold of 0.50. When we relaxed the pooled SD threshold to 0.05, while maintaining the Spearman correlation threshold of 0.70, the percentage of unreliable probes reduced to 1.7-6.5% of the probes shared between versions; a further decrease to less than 0.6% of shared probes was noted when the Spearman correlation threshold was

247   reduced to 0.50 (Supplementary Table S6). In summary, we observed high concordance at the array level

248   between versions; however, on the probe level, there were a subset of probes with low concordance between

249   versions regardless of high inter-sample variability.

251   Immune cell type proportions inferred by IDOL and auto probe selection methods were significantly

252   different between EPIC versions

Cellular composition is a key contributor to whole blood DNA methylation variation and has been

associated with disease phenotypes and often included as a covariate in statistical models to account for

cell type heterogeneity(Merrill et al. 2023; Ryan et al. 2022; Kong et al. 2019). Most studies do not measure

actual cell counts and rely on predicted values from DNA methylation-based algorithms. Given that these

algorithms use references profiled on previous arrays/versions, we tested whether there were differences in

cell type proportions estimated from the two EPIC versions using one of the most commonly used cell type

deconvolution methods for whole blood(Salas et al. 2022). We compared the proportions of twelve immune

cell types using the *FlowSorted.Blood.EPIC* R package with two commonly used probe selection methods:

IDOL and auto. The 1200 pre-selected IDOL probes have comparable coverage on both the EPICv2 (>99%)

and the Infinium Methylation Screening Array (MSA) (98%), focusing on trait- and cell identity-associated

CpGs(Goldberg et al. 2024) (Table 2 and Supplementary material). On comparing the probes selected for

each EPIC version using the auto method, we identified a large overlap of over 90% probes between the

two EPIC versions, with only 10% these auto-selected probes overlapping with the pre-selected IDOL

probes (Supplementary Fig. S6). When we conducted PCA on the functional normalized data from the

combined three in-house cohorts or all four cohorts, we observed that the proportions of memory B cell

(Bmem), memory CD4+ T cell (CD4mem), memory CD8+ T cell (CD8mem), and neutrophil (Neu) were

significantly associated with PC1 (Supplementary Fig. S5A and S5C). However, when PCA was performed

on individual cohort, only CD8mem showed a consistent significant association with PC1 in VHAS,

CLHNS, and CALERIE (Supplementary Fig. S5B).

We found high Spearman correlations between cell type proportions inferred on EPICv1 and

EPICv2, with an average correlation of 0.883 by the IDOL method and 0.890 by the auto method

(Supplementary Tables S10-11). Despite their high correlation, we identified significant differences in

estimated proportions of five and nine cell types between EPICv1 and EPICv2 using the IDOL and auto

methods, respectively, across the three in-house cohorts, with four cell types commonly identified in both

methods: basophils (Bas), CD8mem, monocytes (Mono), natural killer cells (NK) (Figure 3 and

Supplementary Fig. S7). Consistent findings were observed in BeCOME with the auto method; two

additional cell types (CD8mem and NK) showed significant proportional differences between versions

when the IDOL method was used (Supplementary Fig. S8A, Supplementary Tables S10-11). Overall,

estimated proportions were significantly different by 1-2% between the EPIC versions across multiple cell

types, and these findings remained consistent irrespective of the probe selection method, albeit with varying

effect sizes depending on cell type and cohort (Figure 3, Supplementary Fig. S7-8, and Supplementary

Tables S10-11).

Figure 3. Differences in DNA methylation-based immune cell type proportions estimated using the IDOL reference on matched samples assessed on EPICv1 and EPICv2 in VHAS, CLHNS, and CALERIE. Paired t-tests were performed to compare cell type proportions between EPICv1 and EPICv2, and p-values were derived. Statistical significance was defined as Bonferroni adjusted *p*-value <0.05. ** denotes Bonferroni *p* <0.05, *** denotes Bonferroni *p* <0.001, "ns" denotes "not significant", and "d" denotes effect size measured using Cohen's d. A positive Cohen's d indicates higher estimates in EPICv2 compared to EPICv1.

294 **Table 2.** Summary of predictive CpGs of DNA methylation-based clocks, biomarker predictors, and cell
295 type deconvolution in EPICv1, EPICv2, Infinium Methylation Screening Array (MSA), and 450K.

Tools	CpGs	EPICv1 absent CpGs	EPICv2 absent CpGs	EPICv2 replicate probes	MSA absent CpGs	450K absent CpGs	Training arrays (sample size, age in years)
Horvath pan-tissue*	353	19 (5.38%)	13 (3.68%)	4 (1.13%)	6 (1.7%)	0	27K, 450K (n=7844, 0-100)
Hannum*	71	6 (8.45%)	7 (9.86%)	5 (7.04%)	3 (4.23%)	0	450K (n=656, 9-101)
Horvath Skin and Blood	391	0	17 (4.35%)	9 (2.3%)	3 (0.77%)	0	450K, EPICv1 (n=896, 0-94)
PhenoAge	513	0	18 (3.51%)	7 (1.36%)	3 (0.58%)	0	27K, 450K, EPICv1 (n=9926, 18-100)
GrimAge**	1030	NA	NA	NA	NA	NA	450K, EPICv1 (n=1731, mean 66)
PC Clocks***	78464	0	5801 (7.39%)	650 (0.83%)	51108 (65.14%)	0	450K, EPICv1 (n=NA, 0-101)
DunedinPACE	173	0	29 (16.76%)	2 (1.16%)	2 (1.16%)	0	EPICv1 (n=1037, 38 and 45)
DNAmTL	140	0	31 (22.14%)	3 (2.14%)	2 (1.43%)	0	450K, EPICv1 (n=2256, 22-93)
epiTOC*	385	31 (8.05%)	26 (6.75%)	0	13 (3.38%)	0	450K (n=656, 19-101)
IL-6 score	35	0	3 (8.57%)	1 (2.86%)	12 (34.29%)	0	450K, EPICv1 (n=875, 67-78)
CRP score*	1765	104 (5.89%)	96 (5.44%)	41 (2.32%)	357 (20.23%)	0	27K, 450K, EPICv1 (n=22774, 16-75)
Smoking score	233	0	23 (9.87%)	2 (0.86%)	27 (11.59%)	0	EPICv1 (n=5087, 18-99)
Alcohol score	450	1 (0.22%)	49 (10.89%)	6 (1.33%)	47 (10.44%)	0	EPICv1 (n=5087, 18-99)
IDOL	1200	0	8 (0.67%)	48 (4%)	20 (1.67%)	741 (61.75%)	EPICv1 (n=56, 19-58)

* There are CpGs commonly absent in both EPICv1 and EPICv2 in these clocks: Horvath pan-tissue: 3

CpGs; Hannum: 2 CpGs; epiTOC: 6 CpGs; CRP score: 20 CpGs. There are probes absent in EPICv1 and

are reintroduced in EPICv2 in these clocks: Horvath pan-tissue: 14 CpGs; Hannum: 4 CpGs; epiTOC: 25

CpGs; CRP score: 83 CpGs.

** Clock CpGs for GrimAge are not publicly available.

*** PC Clocks CpGs include the total CpGs required to calculate PC versions of Horvath pan-tissue,

Hannum, Horvath Skin and Blood, PhenoAge, and GrimAge.

Epigenetic ages and EAAs were significantly different between EPIC versions depending on analysis

method

Epigenetic clocks are based on the property that DNA methylation levels at specific CpGs highly

correlate with chronological age or age-related outcomes(Horvath 2013; Hannum et al. 2013; Horvath et

al. 2018; Levine et al. 2018; Lu et al. 2019b; Belsky et al. 2022). In order to evaluate the concordance

between EPICv1 and EPICv2 in the context of these DNA methylation-based tools, we compared estimates

from seven widely used first- and second- generation epigenetic clocks in VHAS, CLHNS, and CALERIE

(see Methods). Across these seven epigenetic clocks, ~77-96% of predictive CpGs were retained on EPICv2

(Table 2 and Supplementary material). The first and second generation clocks have comparable probe

coverage on both EPICv2 and the MSA, while the PC clocks have a much reduced probe coverage (35%)

on the MSA. We identified high Pearson correlations of 0.807-0.996 between chronological age and

epigenetic age obtained from both EPICv1 and EPICv2 (Supplementary Table S12). EPICv2 epigenetic

ages for all clocks were moderately to highly correlated with EPICv1 epigenetic ages (0.583-0.996), with

differences in epigenetic ages between technical replicates being 0.151-4.206 (Supplementary Table S13),

although we noted significant differences in epigenetic ages between EPICv2 and EPICv1 in Hannum,

Horvath skin and blood, and PhenoAge, with these differences ranging in effect size from 0.267-4.137

(Figure 4A, Supplementary Table S13). Consistent with these results, in the external validation cohort

BeCOME, EPICv1 and EPICv2 epigenetic ages were highly correlated with chronological age and yet there

were significant epigenetic age differences between versions in all epigenetic clocks except again Horvath

pan-tissue (Supplementary Tables S12-13, Supplementary Fig. S9A).

Figure 4. Differences in epigenetic ages between EPICv1 and EPICv2 using the Horvath pan-tissue, Hannum, Horvath skin and blood, PhenoAge, and GrimAge clocks in VHAS, CLHNS, and CALERIE when using **(A)** functional normalization and **(B)** functional normalization with batch-correction for EPIC version, chip and row. Paired t-tests were performed to compare estimates between EPICv1 and EPICv2, and *p*-values were derived. Statistical significance was defined as Bonferroni adjusted p-value <0.05. ** denotes Bonferroni p <0.05, *** denotes Bonferroni p<0.001, "ns" denotes "not significant", and "d" denotes effect size measured using Cohen's d. A positive Cohen's d indicates estimates in EPICv2 compared to EPICv1.

We also estimated epigenetic age acceleration (EAA), a measure of rate of aging which has been associated with health outcomes, by considering samples profiled on each EPIC version separately and in a combined manner (see Methods). Irrespective of how matched samples on the two EPIC versions were considered for EAA calculation, we noted modest to high correlation (0.574-0.960) of EAA between the EPIC versions. When EAA was calculated separately by versions, we noted no significant differences between EPICv1 and EPICv2 (Supplementary Table S12, Figure 5B, Supplementary Fig. S10B and S11B). When clock estimates from the EPIC versions were combined prior to EAA calculation, there were significant differences between EPICv1 and EPICv2 for all clock EAAs except Horvath pan-tissue (Supplementary Table S14, Figure 5C, Supplementary Fig. S10C and S11C). To next test whether the different EPIC versions contribute to observed EAA differences, we combined epigenetic ages in both EPIC versions and then calculated EAAs by including version as a covariate in the linear regression. In doing so, we noted that there were no significant EAA differences between the two EPIC versions, akin to when EAA was calculated separately by version (Supplementary Table S14). We repeated the same analyses using epigenetic clocks estimated based on principal components (PC clocks) rather than individual predictive CpGs, as they have been shown to overcome unreliability in clock estimates due to technical noise(Higgins-

Chen et al. 2022). Once again, we noted that there were no significant EAA differences when EAA was

calculated for each EPIC version separately. When EAAs were calculated on combined sets of matched

samples, we noted significant differences in PCHorvath skin and blood and PCPhenoAge, and these

differences were corrected with EPIC version adjustment (Supplementary Fig. S12-14). Consistent with

other cohorts, in BeCOME, we noted similar findings in epigenetic ages, EAAs, and PC clocks estimates

(Supplementary Table S14, Supplementary Fig. S9 and S14).

On next evaluating the DunedinPACE, DNAmTL, and epiTOC clocks, we observed a high

correlation (0.699-0.983) of clock estimates between EPICv1 and EPICv2 (Supplementary Table S15).

Unlike the epigenetic clocks above, when we examined the EPIC versions separately, we noted that

DNAmTL estimates were significantly different between versions in all four cohorts, while DunedinPACE

and epiTOC estimates were significantly different in three out of the four cohorts (Supplementary Table

S15, Figure 6, and Supplementary Fig. S9-11).

Figure 5. Epigenetic ages on matched samples assessed on EPICv1 and EPICv2 in VHAS. **(A)** Scatter plot of Horvath pan-tissue, Hannum, Horvath skin and blood, PhenoAge, and GrimAge clock ages (Y axis) and chronological age (X axis) with dotted line indicating x=y, coloured by EPIC version. **(B-C)** Boxplots comparing EPICv1 and EPICv2 EAAs calculated by considering (B) EPIC versions separately and (C) combined. Paired t-tests were performed to compare estimates between EPICv1 and EPICv2, and p-values were derived. Statistical significance was defined as Bonferroni adjusted *p*-value <0.05. ** denotes Bonferroni *p* <0.05, *** denotes Bonferroni *p* <0.001, "ns" denotes "not significant", and "d" denotes effect size measured using Cohen's d. A positive Cohen's d indicates higher estimates in EPICv2 compared to EPICv1.

Figure 6. Rate-based and other clock estimates on matched samples assessed on EPICv1 and EPICv2 in
VHAS. Boxplots comparing DunedinPACE, DNAmTL and epiTOC estimates calculated by considering
EPIC versions separately between EPICv1 and EPICv2. Paired t-tests were performed to compare estimates
between EPICv1 and EPICv2, and p-values were derived. Statistical significance was defined as Bonferroni
adjusted *p*-value <0.05. ** denotes Bonferroni *p* <0.05, *** denotes Bonferroni *p* <0.001, "ns" denotes "not
significant", and "d" denotes effect size measured using Cohen's d. A positive Cohen's d indicates estimates
in EPICv2 compared to EPICv1.

Estimated CRP and smoking scores were significantly different between EPIC versions

DNA methylation-based estimates of IL-6, CRP, smoking, and alcohol use are widely used as
reliable proxies of actual measurements in epigenetic studies(Engelbrecht et al. 2022). Approximately 90%

predictive CpGs were retained on EPICv2, while only 66-90% of these probes were retained on the MSA

(Table 2 and Supplementary material). Estimates of these inflammation and lifestyle biomarkers were

modestly to highly correlated (0.788-0.993) between EPICv1 and EPICv2 (Supplementary Table S16).

When estimates were calculated separately by versions (EPIC versions separate), we identified significantly

different IL-6, CRP, alcohol, and smoking scores between EPICv1 and EPICv2 in at least one of the four

cohorts (Supplementary Fig. S16). When estimates from the EPIC versions were first combined and then

adjusted for version, as expected, we noted no significant differences between EPICv1 and EPICv2 in any

of these four predictors (Supplementary Table S16).

EPIC version differences remained significant irrespective of the choice of normalization method,

while upstream batch correction eliminated such differences

To investigate the influence of data preprocessing methods, we repeated the clustering and PCA

analyses using raw and functional normalized data with batch correction by ComBat. When using raw data,

we noted a pattern similar as previously observed using functional normalized data (Fig. 2B and

Supplementary Fig. S17A). Expectedly, when functional normalized data was adjusted for version, chip,

and position on chip (row), we observed that matched samples clustered by individual and not by EPIC

version (Supplementary Fig. S17B). When examining the contribution of EPIC version to PC1 (~98% of

the total DNA methylation variation) across different stages of data processing—from raw to functional

normalized, and then version-corrected—we observed a reduction in the relative contribution of EPIC

version while other biological variables had increased contribution. When batch correction was applied on

functional normalized data, EPIC version contribution was reduced to zero with no significant association

to PC1 (Supplementary Fig. S5).

Given the effect of data normalization on epigenetic clock estimations(McEwen et al. 2018; Ori et

al. 2022), we examined whether normalization methods affect the observed differences between EPIC

versions, obtained after applying functional normalization (funnorm). To test this, we combined the shared

probes on the two EPIC versions and applied Beta-MIxture Quantile (BMIQ) normalization, and

subsequently calculated epigenetic ages, EAAs, and inflammation and lifestyle biomarker estimates.

Overall, the differences in estimates of these DNA methylation-based tools between EPIC versions when

BMIQ normalization was applied were consistent with those obtained in functional normalized data,

specifically in Horvath skin and blood and PhenoAge which were consistent across the three in-house

cohorts (Supplementary Fig. S18-23).

Next, we also examined if applying EPIC version correction using batch correction algorithms can

circumvent version-specific effects and eliminate the observed differences in DNA methylation-based

estimates between EPICv1 and EPICv2, given the observed contribution of EPIC version in explaining

DNA methylation variation. We tested this by combining common probes on EPICv1 and EPICv2 after

functional normalization or BMIQ normalization, and sequentially adjusted for EPIC version, chip, and

row effects as applicable using the ComBat function implemented in the *sva* R package(Leek et al. 2012).

As expected, when epigenetic clocks, inflammation and lifestyle biomarkers were calculated using version-

corrected input β values, there were no significant differences in estimates between the EPIC versions

(Figure 4, Supplementary Fig. S18, S24-25).

423
424

Discussion

Various generations of DNA methylation arrays, largely manufactured by Illumina, have had

tremendous impact on the field of epigenetics, enabling large population studies of human health and

disease. The most recently released Illumina EPICv2 microarray provides wider coverage of the DNA

methylome compared to its predecessor EPICv1, yet at the same time eliminates approximately one-fifth

of the previous probes. This then might create challenges for the utility and transferability of the myriad

bioinformatic tools developed for the EPICv1, especially if some of the missing probes were included in a

particular tool. Here, using matched venous blood samples from 67 adults across four geographically

diverse populations, we comprehensively examined the concordance between EPIC versions in a wide

range of commonly used DNA methylation-based tools. Overall, our study identified small but significant

differences between the two EPIC versions, and provided some insights into possible remediation

approaches. First, we observed overall high array level concordance but variable probe level concordance,

with a subset of probes displaying poor agreement between versions despite high inter-sample variability.

Second, EPIC version differences were identified across all cohorts in DNA methylation-based tools,

including epigenetic clocks, inflammation and lifestyle biomarkers, and cell type predictors. Third,

discordance between EPIC versions was dampened by either accounting for EPIC version in statistical

models as a covariate or using batch correction tools such as ComBat. Fourth, irrespective of the choice of

normalization method EPIC version differences still persisted. Overall, our work emphasizes careful

consideration of research settings when i) samples across both EPIC versions are harmonized, and ii)

findings derived from one EPIC version are compared to those derived from the other version.

Initial comparisons of EPIC versions that were confined to immortalized cell lines and a limited

number of human primary samples reported generally good array level correlations between the two EPIC

versions(Kaur et al. 2023; Noguera-Castells et al. 2023; Peters et al. 2024). However, these studies were

not designed to investigate concordance at the probe level, and did not evaluate the performance of DNA

methylation-based tools such as epigenetic clocks, cell types, and biomarker predictors, particularly across

geographically diverse settings, which are highly relevant for human population epigenetic studies. Using

a population-based framework, we performed unsupervised clustering on sample-to-sample Pearson

correlations across all cohorts, focusing on the shared probes between EPICv1 and EPICv2 to capture linear

associations. Our analyses revealed both technical and biological influences on DNA methylation profiles

across both individual and combined cohort analyses. As expected, sex emerged as a primary biological

driver of sample clustering, followed by a significant technical effect of EPIC version, with samples

clustering according to the version on which they were profiled. As anticipated, samples from the external

validation cohort BeCOME clustered closely together and showed relative separation from the other

cohorts, reflecting differences in sample handling and processing inherent to different facilities. To assess

systematic, technical and potentially nonlinear effects (Bishara and Hittner 2015), we also performed

clustering on sample-to-sample Spearman rank correlations. In contrast to the Pearson correlation-based

findings, Spearman correlation-based clustering revealed clear sample separation first by EPIC version

across both individual and combined cohorts, regardless of cohort-specific characteristics.

Biological variables, such as sample relatedness and cell type composition, are well-established

key drivers of DNA methylation variation (Gaunt et al. 2016; Hawe et al. 2022; Bergstedt et al. 2022),

typically exhibiting a larger effect than batch variables. Our PCA, which combined all four cohorts to assess

the linear relationship between DNA methylation and each variable, expectedly showed a significant

contribution of sample relatedness and estimated cell type proportions on PC1, with a smaller yet significant

contribution of EPIC version. Given our study design, which involved matched samples obtained from the

same DNA aliquot, it was expected that sample relatedness and cell type proportions would have a larger

contribution than EPIC version. However, even in this controlled setting, EPIC version was still a notable

contributor to PC1, though to a smaller percentage than both investigated biological variables. When the

same analysis was performed on an individual cohort-basis, we noted that both EPIC version and donor

were associated with PC1, albeit with varying percentage contributions depending on the cohort, suggesting

that sample sizes are likely a determinant of the relative contribution of each variable.

On examining whether the observed unsupervised clustering by EPIC version was reflective of

variable probe-level concordance between the two versions, we noted that a substantial proportion of shared

probes (over 50%) were poorly-concordant across all four investigated cohorts. While a small proportion

of these poorly-concordant probes, skewed toward lower inter-sample variability, could be attributed to

their non-specific probe hybridization to the genome, underlying genetic variation, or technical differences

such as altered EPICv2 probe design(Kaur et al. 2023; McCartney et al. 2016; Peters et al. 2024; Pidsley et

al. 2016; Price et al. 2013), the majority remain unexplained by these factors. Affirming our observation

that a large proportion of shared probes exhibit low-concordance, previous studies in 450K and EPICv1

have reported similar low correlations and intraclass correlation/reliability for the majority of the shared

probes(Logue et al. 2017; Sugden et al. 2020; Olstad et al. 2022). Similarly, studies evaluating probe

reliability within the same platform also reported a modest mean correlation of 0.381 and 0.361 across all

probes in EPICv1-EPICv1 and 450K-450K respectively(Zhang et al. 2024; Bose et al. 2014), suggesting

that a substantial proportion of probes even within the same platform/version exhibit low correlations. More

recent studies comparing EPICv1 and EPICv2 have only estimated array-level concordance using a single

sample from cell lines(Kaur et al. 2023; Noguera-Castells et al. 2023; Chen and Zhou 2024) or probe-level

concordance estimated on sample size comparable to our study(Lussier et al. 2024). While these studies

were either cell line-based or limited to a single pediatric cohort, our analysis includes a wide range of

sample sizes, age groups, and diverse geographical regions, providing a more comprehensive and

representative evaluation of EPIC version differences. This approach better reflects the scale and

complexity of human studies and offers valuable insights into the impact of EPIC version variation in

human epigenetics studies.

We observed significant systematic differences in measures derived from DNA methylation-based

tools. In the context of cell type prediction algorithms, there were significant differences in proportions of

various cell types, when using either the IDOL or auto prediction methods. These differences may be

reflective of version incompatibility between the reference library used, built on previous Illumina

microarrays, and EPICv2(Salas et al. 2022). While proportional differences between EPIC versions were

minimal, within the RMSE between observed and predicted proportions of the cell-type deconvolution

algorithm(Salas et al. 2022), these differences were systematic as the change in direction was consistent

across the investigated cohorts. Further, DNA methylation studies often report molecular effects as small

as 2%(Breton et al. 2017), making these minimal differences pertinent to the interpretation of findings.

Specifically, in studies where cell types are the primary variable of interest, even such small differences in

predicted cell type proportions - confounded by the EPIC versions - can make it difficult to separate true

biological signals from version differences, potentially leading to spurious findings. Similarly, in the

epigenetic clock and biomarker predictors, we observed discordance in estimates obtained between EPICv1

and EPICv2 as previously noted(Lussier et al. 2024; Tay et al. 2025), though these observations were

generally consistent across cohorts and tools with some nuanced differences. It has been shown that this

discordance between versions may be due to the varying number of predictive CpGs absent on EPICv2

(Garma and Quintela-Fandino 2024; Pourcq et al. 2024). Additionally, this discordance between versions

may be due to the weights of these missing predictive CpGs and the influence of subsequent imputation

performed by the clock algorithms to account for this missingness. However, our analyses using BMIQ

normalization which only used shared probes between the versions and thus had the same absent predictive

CpGs in both versions, still showed differences in estimates and EAAs. Similarly, when we applied a new

clock trained on the common probeset of 450K, EPICv1 and EPICv2 (Garma and Quintela-Fandino 2024),

we still noted significant differences in clock estimates between versions (Supplementary Material,

Supplementary Table S17, Supplementary Fig. S26), supporting the notion that absent CpGs are not the

only contributor to the observed version differences.

Although epigenetic clocks are often analyzed as direct comparisons of epigenetic ages as described

above, it has been noted that a regression-based measure of epigenetic age, EAA, is more appropriate in

most cases as it is robust to data preprocessing(Horvath 2013; McEwen et al. 2018; Engelbrecht et al. 2022;

Ori et al. 2022). On calculating EAAs by taking the common approach of including all samples in a cohort

irrespective of version, we noted that EAA estimates were different between versions, suggesting that this

method of calculating EAA is still sensitive to inherent variation between EPICv1 and EPICv2. Using an

alternate approach, when we calculated EAA estimates separately for samples profiled on each EPIC

version, we found that these differences were no longer significant. This indicates that EAAs may be a

suitable measure of epigenetic aging when version is taken into consideration while calculating EAA.

Similarly, we noted consistent differences between versions in inflammation and lifestyle biomarker

predictor scores, emphasizing again that it is important to account for systematic version differences when

calculating DNA methylation-based measures.

Including EPIC version as a covariate in statistical models or employing version correction using

ComBat may be options to handle version-specific discrepancies, however, these approaches are not

appropriate in cases when EPIC version is fully or partially confounded with biological variables. Our

matched and balanced study design allowed us to correct for version using ComBat, which expectedly

dampened version differences. In cases of unbalanced study designs, any adjustment for EPIC version can

incorrectly remove important biological variation as well as introduce false biological signals(Price and

Robinson 2018; Buhule et al. 2014; Nygaard et al. 2016; Zindler et al. 2020). This ideal - and perhaps even

unrealistic - scenario starkly contrasts with a typical meta-analysis, where a researcher might wish to

combine results from multiple distinct sample groups measured on different EPIC versions. Furthermore,

another research setting that presents a similar challenge is a longitudinal study design, where the aim is to

explore DNA methylation changes over time. In such cases, when samples from each timepoint are

measured on different EPIC versions, it inevitably results in a confound between the variable of interest,

i.e., timepoint and EPIC version, thereby not enabling any version correction. If samples from the previous

timepoint are still available, one feasible approach is to include a small number of these samples profiled

on the previous EPIC version alongside samples from the new timepoint to be profiled on EPICv2 such that

any between version differences can be monitored. It is also known that DNA methylation-based tools are

sensitive to normalization methods (McEwen et al. 2018; Ori et al. 2022; Engelbrecht et al. 2022), and it is

important to explore the contribution of such approaches to observed EPIC version differences noted in the

present study. By employing two distinct normalization methods, namely funnorm and BMIQ, we found

similar differences in DNA methylation-based estimates based on version, irrespective of normalization

method used.

On the strength of our matched sample design utilizing four different human cohorts, our study

improves the current understanding of the applicability of DNA methylation-based tools for EPICv1 and

EPICv2, however, there are several limitations. Our analyses may be limited by relatively modest sample

sizes within each cohort, despite this, our study includes matched samples collected from adults with a wide

age range and across diverse geographical regions. While the time between EPICv1 and EPICv2

measurement varied across the cohorts, it offers a more realistic representation of research settings where

samples are collected and quantified across multiple batches on different EPIC versions. Next, given that

the training datasets of the investigated epigenetic clocks were predominantly composed of European

populations, the suitability of investigated clocks may not be well established in our investigated Asian

cohorts, VHAS and CLHNS respectively (Lin 2023; Horvath et al. 2016; Cronjé et al. 2021). However,

differences in these cohorts were similar to CALERIE and BeCOME, which are comprised primarily of

individuals of European descent, indicating that our findings were not limited to specific populations.

Further, we compared EPICv2 cell type proportions and biomarker scores to EPICv1, although we

recognize that actual cell counts and biomarker measurements would be more appropriate as the ground

truth and would be useful in validating our DNA methylation-based estimates. In spite of this, the primary

aim of the current work is to investigate the concordance in estimates between versions, and not to evaluate

the accuracy of biomarker prediction. Finally, although our study focused on venous blood, a commonly

used tissue in epigenetics research, we speculate that these EPIC version differences will hold true in other

tissue types as well. While multiple tissue types were not collected in all of these cohorts, we had access to

matched capillary and venous blood samples in VHAS, which allowed us to at least test and confirm the

consistency of our findings in another blood preparation.

With the rapid generation of DNA methylation data profiled on the newer iterations of the Illumina

microarrays, integrating samples across these platforms poses a challenge, owing to discrepancies in probe

content among arrays/versions. Our findings highlight differences in the new EPICv2 compared to EPICv1,

demonstrate the influence of EPIC version on the majority of commonly used DNA methylation-based

tools, and provide possible remediation approaches to account for these EPIC version discrepancies. We

therefore encourage careful consideration when harmonizing and interpreting DNA methylation data across

multiple arrays/versions to ensure reliability and reproducibility in epigenetics analyses.

Methods

Description of cohorts

To compare the performance of the two most recent generations of MethylationEPIC BeadChip Infinium

microarrays in the context of DNA methylation-based clocks, biomarkers and cell type proportion

estimates, we measured the DNA methylomes of a subset of venous whole blood samples on both EPICv1

and EPICv2 selected from the (i) Vietnam Health and Aging Study (VHAS)(Korinek et al. 2019), (ii) Cebu

Longitudinal Health and Nutrition Survey (CLHNS)(Adair et al. 2011), and (iii) Comprehensive

Assessment of Long-term Effects of Reducing Intake of Energy (CALERIE)(Rochon et al. 2011) cohorts.

The VHAS cohort additionally includes matched capillary blood samples, randomized using the same array

design on both EPIC versions, such that the concordance between EPICv1 and EPICv2 can be assessed in

capillary blood as well (n = 24 × 2 blood collection methods × 2 versions). Samples from VHAS, CLHNS

and CALERIE were processed in the same facility (Kobor Lab, University of British Columbia (UBC) and

BC Children's Hospital Research Institute, Vancouver, Canada). This study was approved by UBC

Research Ethics Boards (H18-03136) and the University of Utah Institutional Review Board (IRB

00098861). To compare our findings from the three cohorts processed in-house to those from an external

facility, we used an independent validation cohort, BeCOME. In this dataset, DNA methylation was

measured on EPICv1 and EPICv2 using matched samples at the Max Planck Institute of Psychiatry in

Munich, Germany (Table 1). Matched blood samples on EPICv1 and EPICv2 were derived from the DNA

extracted from the same aliquot collected at a single timepoint, reducing the likelihood that immune cell

fractions differ significantly between the matched samples, or that they contribute to the observed EPIC

version differences. The time between EPICv1 and EPICv2 array quantification was approximately one

month and two years for VHAS and CLHNS respectively. EPICv1 and EPICv2 array quantification was

carried out at the same time for CALERIE and BeCOME. Given that the demographic characteristics

across the cohorts are different (Table 1), we performed all analyses independently on the cohorts and

reported the findings in a cohort-specific manner, excluding the unsupervised clustering analyses as

described below.

DNA methylation profiling, sample and probe quality control

Using similar protocols for all three cohorts, DNA was extracted from samples, bisulfite converted

using EZ-96 DNA Methylation kits (Zymo Research, Irvine, CA), hybridized to the MethylationEPIC

BeadChip Infinium microarray v1.0 B5 (EPICv1) and Infinium MethylationEPIC v2.0 (EPICv2) arrays,

and scanned with the Illumina iScan 2000 to obtain IDAT files that capture raw DNA methylation

intensities. IDATs were read using *minfi* R package to obtain β values that represent DNA methylation

intensities for each CpG site ranging from 0 (fully unmethylated) to 1 (fully methylated). Technical

replicates derived from the same sample after bisulfite conversation were quantified to monitor technical

variation within each EPIC version, independently for each cohort. Both VHAS and CALERIE included

two technical replicates each on EPICv1 and EPICv2, and CLHNS included one technical replicate on

EPICv2 and no technical replicate on EPICv1. The external validation cohort BeCOME did not include any

technical replicates on either EPIC version. Sample quality control checks were performed as described in

previous publications(Merrill et al. 2023; Konwar et al. 2021). Blood samples collected in the three cohorts

and the external validation cohort passed all 17 Illumina quality control metrics in the *ewastools* R

package(Murat et al. 2020; Illumina Inc. 2015), and detection *p*-value, beadcount, average methylated and

unmethylated intensity metrics in the *minfi* R package (Supplementary Table S18). We also performed

sample identity checks with unsupervised hierarchical clustering using complete linkage with Euclidean

distance on sample-to-sample Spearman correlations, calculated using the 57 single nucleotide

polymorphism (SNP) probes that are common to both EPIC versions to confirm whether matched samples

cluster together.

In order to identify EPICv1 and EPICv2 probes of poor quality, we performed quality control

checks using the detectionP and beadcount functions in the *minfi* and *wateRmelon* R packages, respectively.

Probes with detection p-value > 0.01 or beadcount < 3 in greater than 1% of the samples were flagged

(VHAS- EPICv1: 59,233, EPICv2: 46,735, common to both versions: 4,826; CLHNS-EPICv1: 23,793,

EPICv2: 17,587, common to both versions: 991; CALERIE-EPICv1: 29,608, EPICv2: 24,872, common to

both versions: 1,292; BeCOME-EPICv1: 12,511, EPICv2: 20411, common to both versions: 2,714), but all

probes in EPICv1 and EPICv2 were retained for subsequent analyses.

Unsupervised clustering analyses on DNA methylation data using a two-step approach

To perform unsupervised hierarchical clustering on samples, we employed a two-step approach, as

applied in previous studies comparing array platforms and other -omic studies (Cheung et al. 2020;

Levenstien et al. 2003; Koch et al. 2018). Specifically, we first calculated sample-to-sample (array level)

Pearson or Spearman correlations using the 721,378 probes shared between EPICv1 and EPICv2 in pair-

wise manner for all the samples in the four cohorts, then we clustered the samples by unsupervised

hierarchical clustering using complete linkage with Euclidean distance on sample-to-sample correlations,

using the hclust function implemented in the *stats* R package (R Core Team 2022) and visualized by

pheatmap in the *pheatmap* R package(Kolde 2019). We first performed clustering on each of the four

cohorts separately, then by combining the three cohorts processed in the in-house facility (VHAS, CLHNS

and CALERIE), and finally by combining all four cohorts regardless of processing facility. Grouping

cohorts once again in a similar manner, we performed principal component analyses (PCA) using the shared

probes between the EPIC versions. We tested the association between each of the top five PC loadings and

EPIC version, cohort, and sex by employing one-way analysis of variance (ANOVA) or t-tests and applying

a Bonferroni multiple test correction. The percentage of DNA methylation variation explained by each

variable (EPIC version, cohort, and sex) was calculated as the ANOVA or t-test R-squared value. It should

be noted that while performing the PCA on each cohort independently, we did not test the association

between PC loadings and sex in the CLHNS cohort since this cohort comprises of only females; for the

other three cohorts, associations with EPIC version, cohort, and sex were tested.

DNA methylation data preprocessing and replicate probe analyses

To account for color and probe-type bias, we performed functional normalization (funnorm) with

background correction and dye-bias normalization (noob) in the *minfi* R package(Fortin et al. 2014; Triche

et al. 2013) independently on EPICv1 and EPICv2 samples for each cohort. Cohort-specific technical

replicate sample correlations were used to monitor preprocessing (technical replicates were not available in

the BeCOME external validation cohort). Between technical replicate samples on the same EPIC version,

improved Spearman correlations of whole array β values and reduced root mean square error (RMSE) were

observed as processing progressed from raw (VHAS: Spearman *rho* = 0.9832, RMSE = 0.0306; CLHNS:

Spearman *rho* = 0.9890, RMSE = 0.0235; CALERIE: Spearman *rho* = 0.9859, RMSE = 0.0349) to funnorm

normalized data (VHAS: Spearman *rho* = 0.9851, RMSE=0.0288; CLHNS: Spearman *rho* = 0.9917, RMSE

= 0.0231, CALERIE: Spearman *rho* = 0.9887, RMSE = 0.0223). Array level reliability of within- and

between-EPIC version technical replicates were assessed by intra-class correlation coefficients (ICC) with

the two-way random-effects model as previously described(Sugden et al. 2020; Koo and Li 2016).

Specifically, array level ICC was calculated using the technical replicates as the repeated measures

("raters") and each probe represented a "target" or "subject". Within-EPIC version ICCs were calculated

based on the technical replicates within the same EPIC version, while between-EPIC version ICC were

based on the matched technical replicates on EPICv1 and EPICv2.

To calculate estimates of DNA methylation-based tools, noob corrected data was used as input for

cell type deconvolution, and funnorm normalized data was used as input for epigenetic clocks and

biomarkers. In addition, to test whether normalization methods influence DNA methylation-based tools,

we compared estimates calculated by combining the common probes on EPICv1 and EPICv2 after noob

correction in a cohort-wise manner for VHAS, CLHNS, CALERIE, and BeCOME, and subsequently

applying Beta-MIxture Quantile (BMIQ) normalization implemented in the *wateRmelon* R

package(Teschendorff et al. 2013). Due to their type I and type II design switch between EPICv1 and

EPICv2(Kaur et al. 2023), 82 probes were removed prior to BMIQ normalization. To account for any

systematic bias in DNA methylation measurements(Leek et al. 2012) and subsequently test whether there

are differences in DNA methylation-based estimates between EPIC versions, we applied batch correction

for EPIC version, chip and row on funnorm normalized data using the ComBat function implemented in

the *sva* R package(Leek et al. 2012). We applied Pearson correlation to evaluate linear relationships to age

in the epigenetic clock analyses, while in all analyses we applied Spearman correlation. Absolute β value

differences of within EPIC version technical replicates on each of the common probes were used to

determine technical noise of β value per probe. Absolute differences of within EPIC version technical

replicates in DNA methylation-based tool estimates (cell type deconvolution algorithms, epigenetic clocks,

and inflammation and lifestyle biomarkers) were used to indicate within EPIC version technical error.

Technical replicates were removed prior to calculating correlations and preforming statistical tests

comparing EPICv1 and EPICv2.

Given that there are certain probes on EPICv2 having two or more replicates (replicate probes), we

characterized their distribution across the genome, and compared three strategies to collapse them into a

single β value (based on detection *p*-value, mean and median). Our analyses identified that collapsed β

values of EPICv2 replicate probes obtained using all three methods were highly correlated to corresponding

EPICv1 probes, therefore EPICv2 replicate probes with lowest detection *p*-value were chosen as the

representative probe based on previous recommendation(Kaur et al. 2023) (Supplementary Material), and

this approach was used for all the reported subsequent analyses.

Estimation of immune cell type proportions using DNA methylation-based cell type deconvolution

Cellular composition in heterogeneous tissue such as whole blood is one of the key contributors to

the variation in DNA methylation profiles of bulk tissue(Jones et al. 2017; Zheng et al. 2017). In the absence

of complete cell count data for the study samples, we estimated proportions of twelve immune cell types,

basophils (Bas), naïve and memory B cells (Bnv, Bmem), naïve and memory CD4+ T cells (CD4nv,

CD4mem), naïve and memory CD8+ T cells (CD8nv, CD8mem), eosinophils (Eos), monocytes (Mono),

neutrophils (Neu), natural killer (NK), and T regulatory cells (Treg) from matched venous blood samples

measured on the two EPIC versions. We used two methods of probe selection to estimate these cell type

proportions: (i) the extended Identifying Optimal DNA methylation Libraries reference (IDOL), with

probes not represented on EPICv2 removed from the reference before cell type proportions estimation in

EPICv2 samples, and (ii) the auto method which selects the top 100 probes with F-stat *p*-value < 1E-8 for

each cell type with the greatest magnitude of methylation difference, both implemented in the

FlowSorted.Blood.EPIC R package with noob corrected values as recommended(Salas et al. 2022).

Estimation of epigenetic age and epigenetic age acceleration

We compared the performance of eight commonly used epigenetic clocks between EPICv1 and EPICv2 in VHAS, CLHNS, CALERIE, and the external validation cohort BeCOME. Epigenetic clocks analyses on capillary blood samples in the VHAS cohort were also performed (Supplementary material, Supplementary Fig. S27-29). Epigenetic age of first generation clocks including Horvath pan-tissue(Horvath 2013), Hannum(Hannum et al. 2013), and Horvath skin and blood clocks(Horvath et al. 2018), and second generation clocks including PhenoAge(Levine et al. 2018), and GrimAge(Lu et al. 2019a) were obtained from the online DNA Methylation Age Calculator (https://dnamage.genetics.ucla.edu/new). Missing clock CpG β value imputation was performed by the clock algorithms. For these clocks, we calculated epigenetic age acceleration (EAA), a measure of rate of aging commonly used in epigenetic clock investigations, by employing three approaches independently for each cohort.

1. **EPIC version separate:** we separated epigenetic ages of EPICv1 and EPICv2 samples and then calculated EAA independently on EPICv1 and EPICv2 samples by extracting residuals from the linear regression model: Epigenetic age ~ chronological age.

2. **EPIC versions combined:** we first combined epigenetic ages of EPICv1 and EPICv2 samples and then calculated EAA by extracting residuals from the linear regression model: Epigenetic age ~ chronological age.

3. **EPIC versions combined and version adjusted:** we first combined epigenetic ages of EPICv1 and EPICv2 samples and calculated EAA by extracting residuals from the linear regression model: Epigenetic age ~ chronological age + EPIC version.

To evaluate if there are significant differences in principal components (PC) clock(Higgins-Chen et al. 2022) estimates, which are more robust to technical noise, by EPIC version, we first estimated epigenetic ages by the R script provided (https://github.com/MorganLevineLab/PC-Clocks) and then calculated EAAs using the approaches mentioned above.

DunedinPACE, a rate-based clock, was calculated using the DunedinPACE R package(Belsky et al.

2022), and the two other clocks, epiTOC and DNA methylation-based estimator of telomere length

(DNAmTL)(Lu et al. 2019b) were obtained using the *getEpiTOC* function in the *cgageR* R package(Yang

et al. 2016) and the online DNA Methylation Age Calculator (https://dnamage.genetics.ucla.edu/new),

respectively. Missing clock CpG β value imputation was performed by the clock algorithms. Unlike EAA

calculation, there were no secondary measures calculated from these three clock estimates in our analyses.

Estimates remained the same when calculated by the EPIC versions separate or combined approach,

therefore, we employed only two approaches for each cohort:

1. **EPIC version separate:** rate-based and other clock estimates were calculated for EPICv1 and

EPICv2 samples without EPIC version adjustment.

2. **EPIC versions combined and version adjusted:** rate-based and other clock estimates were first

calculated for EPICv1 and EPICv2 samples, and were subsequently adjusted for EPIC versions by

regressing out EPIC versions using linear regression model: Rate estimate ~ EPIC version.

Using paired *t*-tests and applying a Bonferroni multiple test correction, we evaluated differences in

epigenetic clock estimations and EAAs (as well as biomarker predictor scores and cell type proportions

described below) between matched samples assessed on EPICv1 and EPICv2 in a cohort-specific manner.

Statistical significance was defined as Bonferroni adjusted *p*-value < 0.05. Effect sizes were measured by

Cohen's d, and classified as "small" (d = 0.2-0.49), "medium" (d = 0.5-0.79), and "large" (d ≥ 0.8) based on

recommended benchmarks(Cohen 1988).

Estimation of DNA methylation-based inflammation, smoking, and alcohol scores

Among other DNA methylation-based tools are inflammation, smoking and alcohol score predictors, which

provide biomarker measures that correlate with levels of inflammatory markers (IL-6, CRP), smoking and

alcohol use, respectively. DNA methylation-derived scores of IL-6, CRP, smoking and alcohol use were

calculated as a weighted sum of coefficients derived from published lists of predictive CpGs(McCartney et

al. 2018; Stevenson et al. 2021; Wielscher et al. 2022). Being that these biomarkers were trained on previous

Illumina arrays, we sought out to determine the correlation of derived DNA methylation-based scores

between EPICv1 and EPICv2, and compare these scores without version adjustment (EPIC version

separate) and with version adjustment (EPIC versions combined and adjusted) using approaches similar to

the rate-based and other epigenetic clocks.

Data Availability

Raw data generated in this study are deposited in the Gene Expression Omnibus database (GEO) with

accession GSE286313. The EPICv2 preprocessing pipeline and analysis scripts in R are available on

GitHub   https://github.com/kobor-lab/EPICv2_QC_preprocessing,   and   https://github.com/kobor-

lab/EPICv1v2_comparison_manuscript.

Conflict of interest

D.W.B. is listed as an inventor of the Duke University and University of Otago invention DunedinPACE,

which is licensed to TruDiagnostic. The other authors declare that they have no competing interests.

Acknowledgements

We thank Dr. Sarah Merrill, Maggie Fu, and Dr. Kimberly Schmidt for their helpful feedback during

manuscript preparation. We would also like to thank all cohort participants for their involvement and

providing biological samples for research, and cohort study teams for their efforts. We wish to thank

Monika Rex-Haffner and the whole BeCOME study team for their technical assistance. This research

utilized the *FlowSorted.BloodExtended.EPIC* software packages developed at Dartmouth College, which

are governed by the licensing terms provided by Dartmouth Technology Transfer. D.W.B. and M.S.K. are

fellows of the CIFAR CBD Network. This work received supported from the Canadian Institutes of Health

Research (CIHR) / Project Grant (Sponsor Reference Number: PJT-175309), National Institute on Aging

of the National Institutes of Health under Award Number R01AG052537, National Institutes of Health /

Research Project Grant (R01) (Sponsor Reference Number: 5R01AG061006-05), US National Institute on

Aging Grants R01AG061378, Alexander von Humboldt Foundation for the German Chancellor

Fellowship, the National Institute of General Medical Sciences (Award Number T32GM144273), BC

Children's Hospital Research Investigator Grant Award Program, BC Children's Hospital Research

Institute Establishment Award, and Edwin S.H. Leong Centre for Healthy Aging.

Author contributions

Conceptualization: B.C.Z, M.S.J., C.K., K.Korthauer, M.S.K.; Data curation: B.C.Z, M.S.J., N.Y., C.P.R.,

H-R.E., J.W., A.A.H., K.Korinek, K.M.H., N.R.L., D.C., E.B.B., T.K.T., T.W.M., C.W.K., Z.Z., D.W.B.,

M.S.K.; DNA methylation data generation: J.L.M., K.D., M.S.K. (Kobor Lab facility), E.B.B. (MPIP);

Formal analysis: B.C.Z., M.S.J., C.K.; Methodology: B.C.Z, M.S.J., C.K., K.Korthauer, M.S.K.;

Resources: T.K.T., K. Korinek, K.M.H., N.R.L., D.C., E.B.B., T.W.M., C.W.K., Z.Z., D.W.B., M.S.K.;

Visualization: B.C.Z., M.S.J.; Writing – original draft: M.S.J., C.K., B.C.Z., M.S.K.; Writing – review &

editing: all authors; Cohort Owners/Custodians: T.K.T., K. Korinek, K.M.H., N.R.L., E.B.B., T.W.M.,

C.W.K., Z.Z., D.W.B.

References

Adair LS, Popkin BM, Akin JS, Guilkey DK, Gultiano S, Borja J, Perez L, Kuzawa CW, McDade
798   T, Hindin MJ. 2011. Cohort Profile: The Cebu Longitudinal Health and Nutrition Survey.
799   *Int J Epidemiol* **40**: 619–625.

800   Battram T, Yousefi P, Crawford G, Prince C, Sheikhali Babaei M, Sharp G, Hatcher C, Vega-
801   Salas MJ, Khodabakhsh S, Whitehurst O, et al. 2022. The EWAS Catalog: a database of
802   epigenome-wide association studies. *Wellcome Open Res* **7**: 41.

803   Belsky DW, Caspi A, Corcoran DL, Sugden K, Poulton R, Arseneault L, Baccarelli A, Chamarti
804   K, Gao X, Hannon E, et al. 2022. DunedinPACE, a DNA methylation biomarker of the
805   pace of aging eds. J. Deelen, J.K. Tyler, M. Suderman, and J. Deelen. *eLife* **11**: e73420.

Bergstedt J, Azzou SAK, Tsuo K, Jaquaniello A, Urrutia A, Rotival M, Lin DTS, MacIsaac JL, Kobor MS, Albert ML, et al. 2022. The immune factors driving DNA methylation variation in human blood. *Nat Commun* **13**: 5895.

Bishara AJ, Hittner JB. 2015. Reducing Bias and Error in the Correlation Coefficient Due to Nonnormality. *Educ Psychol Meas* **75**: 785–804.

Bose M, Wu C, Pankow JS, Demerath EW, Bressler J, Fornage M, Grove ML, Mosley TH, Hicks C, North K, et al. 2014. Evaluation of microarray-based DNA methylation measurement using technical replicates: the Atherosclerosis Risk In Communities (ARIC) Study. *BMC Bioinformatics* **15**: 312.

Breton CV, Marsit CJ, Faustman E, Nadeau K, Goodrich JM, Dolinoy DC, Herbstman J, Holland N, LaSalle JM, Schmidt R, et al. 2017. Small-Magnitude Effect Sizes in Epigenetic End Points are Important in Children's Environmental Health Studies: The Children's Environmental Health and Disease Prevention Research Center's Epigenetics Working Group. *Environ Health Perspect* **125**: 511–526.

Brückl TM, Spoormaker VI, Sämann PG, Brem A-K, Henco L, Czamara D, Elbau I, Grandi NC, Jollans L, Kühnel A, et al. 2020. The biological classification of mental disorders (BeCOME) study: a protocol for an observational deep-phenotyping study for the identification of biological subtypes. *BMC Psychiatry* **20**: 213.

Buhule OD, Minster RL, Hawley NL, Medvedovic M, Sun G, Viali S, Deka R, McGarvey ST, Weeks DE. 2014. Stratified randomization controls better for batch effects in 450K methylation analysis: a cautionary tale. *Front Genet* **5**: 354.

Chen BH, Zhou W. 2024. mLiftOver: harmonizing data across Infinium DNA methylation platforms. *Bioinformatics* **40**: btae423.

Cheung K, Burgers MJ, Young DA, Cockell S, Reynard LN. 2020. Correlation of Infinium HumanMethylation450K and MethylationEPIC BeadChip arrays in cartilage. *Epigenetics* **15**: 594–603.

Cohen J. 1988. *Statistical Power Analysis for the Behavioral Sciences*. 2nd ed. Routledge, New York.

Cronjé HT, Nienaber-Rousseau C, Min JL, Green FR, Elliott HR, Pieters M. 2021. Comparison of DNA methylation clocks in Black South African men. *Epigenomics* **13**: 437–449.

Dhingra R, Kwee LC, Diaz-Sanchez D, Devlin RB, Cascio W, Hauser ER, Gregory S, Shah S, Kraus WE, Olden K, et al. 2019. Evaluating DNA methylation age on the Illumina MethylationEPIC Bead Chip. *PLOS ONE* **14**: e0207834.

Engelbrecht H-R, Merrill SM, Gladish N, MacIsaac JL, Lin DTS, Ecker S, Chrysohoou CA, Pes GM, Kobor MS, Rehkopf DH. 2022. Sex differences in epigenetic age in Mediterranean high longevity regions. *Front Aging* **3**: 1007098.

Fortin J-P, Labbe A, Lemire M, Zanke BW, Hudson TJ, Fertig EJ, Greenwood CM, Hansen KD.
2014. Functional normalization of 450k methylation array data improves replication in
large cancer studies. *Genome Biol* **15**: 503.

Garma LD, Quintela-Fandino M. 2024. Applicability of epigenetic age models to next-generation
methylation arrays. *Genome Med* **16**: 116.

Gaunt TR, Shihab HA, Hemani G, Min JL, Woodward G, Lyttleton O, Zheng J, Duggirala A,
McArdle WL, Ho K, et al. 2016. Systematic identification of genetic influences on
methylation across the human life course. *Genome Biol* **17**: 61.

Goldberg DC, Cloud C, Lee SM, Barnes B, Gruber S, Kim E, Pottekat A, Westphal M, McAuliffe
L, Majournie E, et al. 2024. MSA: scalable DNA methylation screening BeadChip for high-
throughput trait association studies. *bioRxiv* 2024.05.17.594606.

Hannum G, Guinney J, Zhao L, Zhang L, Hughes G, Sadda S, Klotzle B, Bibikova M, Fan J-B,
Gao Y, et al. 2013. Genome-wide Methylation Profiles Reveal Quantitative Views of
Human Aging Rates. *Mol Cell* **49**: 359–367.

Hawe JS, Wilson R, Schmid KT, Zhou L, Lakshmanan LN, Lehne BC, Kühnel B, Scott WR,
Wielscher M, Yew YW, et al. 2022. Genetic variation influencing DNA methylation
provides insights into molecular mechanisms regulating genomic function. *Nat Genet* **54**:
18–29.

Higgins-Chen AT, Thrush KL, Wang Y, Minteer CJ, Kuo P-L, Wang M, Niimi P, Sturm G, Lin J,
Moore AZ, et al. 2022. A computational solution for bolstering reliability of epigenetic
clocks: Implications for clinical trials and longitudinal tracking. *Nat Aging* **2**: 644–661.

Horvath S. 2013. DNA methylation age of human tissues and cell types. *Genome Biol* **14**: R115.

Horvath S, Gurven M, Levine ME, Trumble BC, Kaplan H, Allayee H, Ritz BR, Chen B, Lu AT,
Rickabaugh TM, et al. 2016. An epigenetic clock analysis of race/ethnicity, sex, and
coronary heart disease. *Genome Biol* **17**: 171.

Horvath S, Oshima J, Martin GM, Lu AT, Quach A, Cohen H, Felton S, Matsuyama M, Lowe D,
Kabacik S, et al. 2018. Epigenetic clock for skin and blood cells applied to Hutchinson
Gilford Progeria Syndrome and *ex vivo* studies. *Aging* **10**: 1758–1775.

Houseman EA, Molitor J, Marsit CJ. 2014. Reference-free cell mixture adjustments in analysis of
DNA methylation data. *Bioinforma Oxf Engl*.

Illumina Inc. 2015. BeadArray Controls Reporter Software Guide.

Infinium MethylationEPIC v2.0 BeadChip. 2023. Infinium MethylationEPIC v2.0 BeadChip.

Jones MJ, Moore SR, Kobor MS. 2017. Principles and Challenges of Applying Epigenetic
Epidemiology to Psychology. 30.

Kaur D, Lee SM, Goldberg D, Spix NJ, Hinoue T, Li H-T, Dwaraka VB, Smith R, Shen H, Liang
877   G, et al. 2023. Comprehensive evaluation of the Infinium human MethylationEPIC v2
878   BeadChip. *Epigenetics Commun* **3**: 6.

879 Koch CM, Chiu SF, Akbarpour M, Bharat A, Ridge KM, Bartom ET, Winter DR. 2018. A
880   Beginner's Guide to Analysis of RNA Sequencing Data. *Am J Respir Cell Mol Biol* **59**:
881   145–157.

882 Kolde R. 2019. pheatmap: Pretty Heatmaps.

883 Kong Y, Rastogi D, Seoighe C, Greally JM, Suzuki M. 2019. Insights from deconvolution of cell
884   subtype proportions enhance the interpretation of functional genomic data. *PLOS ONE* **14**:
885   e0215987.

886 Konwar C, Asiimwe R, Inkster AM, Merrill SM, Negri GL, Aristizabal MJ, Rider CF, MacIsaac
887   JL, Carlsten C, Kobor MS. 2021. Risk-focused differences in molecular processes
888   implicated in SARS-CoV-2 infection: corollaries in DNA methylation and gene
889   expression. *Epigenetics Chromatin* **14**: 54.

890 Koo TK, Li MY. 2016. A Guideline of Selecting and Reporting Intraclass Correlation Coefficients
891   for Reliability Research. *J Chiropr Med* **15**: 155–163.

892 Korinek K, Teerawichitchainan B, Zimmer Z, Brindle E, Nguyen TKC, Nguyen HM, Tran KT.
893   2019. Design and measurement in a study of war exposure, health, and aging: protocol for
894   the Vietnam health and aging study. *BMC Public Health* **19**: 1351.

895 Kuzawa CW, Ryan CP, Adair LS, Lee NR, Carba DB, MacIsaac JL, Dever K, Atashzay P, Kobor
896   MS, McDade TW. 2022. Birth weight and maternal energy status during pregnancy as
897   predictors of epigenetic age acceleration in young adults from metropolitan Cebu,
898   Philippines. *Epigenetics* **17**: 1535–1545.

899 Leek JT, Johnson WE, Parker HS, Jaffe AE, Storey JD. 2012. The sva package for removing batch
900   effects and other unwanted variation in high-throughput experiments. *Bioinforma Oxf Engl*
901   **28**: 882–883.

902 Levenstien MA, Yang Y, Ott J. 2003. Statistical significance for hierarchical clustering in genetic
903   association and microarray expression studies. *BMC Bioinformatics* **4**: 62.

904 Levine ME, Lu AT, Quach A, Chen BH, Assimes TL, Bandinelli S, Hou L, Baccarelli AA, Stewart
905   JD, Li Y, et al. 2018. An epigenetic biomarker of aging for lifespan and healthspan. *Aging*
906   **10**: 573–591.

907 Li M, Zou D, Li Z, Gao R, Sang J, Zhang Y, Li R, Xia L, Zhang T, Niu G, et al. 2019. EWAS
908   Atlas: a curated knowledgebase of epigenome-wide association studies. *Nucleic Acids Res*
909   **47**: D983–D988.

910 Lin W-Y. 2023. Epigenetic clocks derived from western samples differentially reflect Taiwanese
911   health outcomes. *Front Genet* **14**: 1089819.

Logue MW, Smith AK, Wolf EJ, Maniates H, Stone A, Schichman SA, McGlinchey RE, Milberg
W, Miller MW. 2017. The correlation of methylation levels measured using Illumina 450K
and EPIC BeadChips in blood samples. *Epigenomics* **9**: 1363–1371.

Lu AT, Quach A, Wilson JG, Reiner AP, Aviv A, Raj K, Hou L, Baccarelli AA, Li Y, Stewart JD,
et al. 2019a. DNA methylation GrimAge strongly predicts lifespan and healthspan. *Aging*
11: 303–327.

Lu AT, Seeboth A, Tsai P-C, Sun D, Quach A, Reiner AP, Kooperberg C, Ferrucci L, Hou L,
Baccarelli AA, et al. 2019b. DNA methylation-based estimator of telomere length. *Aging*
11: 5895–5923.

Lussier AA, Schuurmans IK, Großbach A, Maclsaac J, Dever K, Koen N, Zar HJ, Stein DJ, Kobor
MS, Dunn EC. 2024. Technical variability across the 450K, EPICv1, and EPICv2 DNA
methylation arrays: lessons learned for clinical and longitudinal studies. *Clin Epigenetics*
16: 166.

McCartney DL, Hillary RF, Stevenson AJ, Ritchie SJ, Walker RM, Zhang Q, Morris SW,
Bermingham ML, Campbell A, Murray AD, et al. 2018. Epigenetic prediction of complex
traits and death. *Genome Biol* **19**: 136.

McCartney DL, Walker RM, Morris SW, McIntosh AM, Porteous DJ, Evans KL. 2016.
Identification of polymorphic and off-target probe binding sites on the Illumina Infinium
MethylationEPIC BeadChip. *Genomics Data* **9**: 22–24.

McEwen LM, Jones MJ, Lin DTS, Edgar RD, Husquin LT, MacIsaac JL, Ramadori KE, Morin
AM, Rider CF, Carlsten C, et al. 2018. Systematic evaluation of DNA methylation age
estimation with common preprocessing methods and the Infinium MethylationEPIC
BeadChip array. *Clin Epigenetics* **10**: 123.

Merrill SM, Gladish N, Fu MP, Moore SR, Konwar C, Giesbrecht GF, MacIssac JL, Kobor MS,
Letourneau NL. 2023. Associations of peripheral blood DNA methylation and estimated
monocyte proportion differences during infancy with toddler attachment style. *Attach Hum*
Dev **25**: 132–161.

Murat K, Grüning B, Poterlowicz PW, Westgate G, Tobin DJ, Poterlowicz K. 2020. Ewastools:
Infinium Human Methylation BeadChip pipeline for population epigenetics integrated into
Galaxy. *GigaScience* **9**: giaa049.

Noguera-Castells A, García-Prieto CA, Álvarez-Errico D, Esteller M. 2023. Validation of the new
EPIC DNA methylation microarray (900K EPIC v2) for high-throughput profiling of the
human DNA methylome. *Epigenetics* **18**: 2185742.

Nygaard V, Rødland EA, Hovig E. 2016. Methods that remove batch effects while retaining group
differences may lead to exaggerated confidence in downstream analyses. *Biostat Oxf Engl*
17: 29–39.

Olstad EW, Nordeng HME, Sandve GK, Lyle R, Gervin K. 2022. Low reliability of DNA
methylation across Illumina Infinium platforms in cord blood: implications for replication
studies and meta-analyses of prenatal exposures. *Clin Epigenetics* **14**: 80.

Ori APS, Lu AT, Horvath S, Ophoff RA. 2022. Significant variation in the performance of DNA
methylation predictors across data preprocessing and normalization strategies. *Genome*
Biol **23**: 225.

Peters TJ, Meyer B, Ryan L, Achinger-Kawecka J, Song J, Campbell EM, Qu W, Nair S, Loi-Luu
P, Stricker P, et al. 2024. Characterisation and reproducibility of the
HumanMethylationEPIC v2.0 BeadChip for DNA methylation profiling. *BMC Genomics*
25: 251.

Pidsley R, Zotenko E, Peters TJ, Lawrence MG, Risbridger GP, Molloy P, Van Djik S,
Muhlhausler B, Stirzaker C, Clark SJ. 2016. Critical evaluation of the Illumina
MethylationEPIC BeadChip microarray for whole-genome DNA methylation profiling.
Genome Biol **17**: 208.

Pourcq SD, Kuo P-L, Moore AZ, Bandinelli S, Horvath S, Ferrucci L, Santini V. 2024.
Compatibility and comparative analysis of chronological and biological aging between the
legacy 450K and the EPIC v2.0 arrays. 2024.10.17.618672.
https://www.biorxiv.org/content/10.1101/2024.10.17.618672v1 (Accessed November 6,
2024).

Price EM, Cotton AM, Lam LL, Farré P, Emberly E, Brown CJ, Robinson WP, Kobor MS. 2013.
Additional annotation enhances potential for biologically-relevant analysis of the Illumina
Infinium HumanMethylation450 BeadChip array. *Epigenetics Chromatin* **6**: 4.

Price EM, Robinson WP. 2018. Adjusting for Batch Effects in DNA Methylation Microarray Data,
a Lesson Learned. *Front Genet* **9**: 83.

R Core Team. 2022. R: A language and environment for statistical computing. R Foundation for
Statistical Computing. https://www.R-project.org/.

Rochon J, Bales CW, Ravussin E, Redman LM, Holloszy JO, Racette SB, Roberts SB, Das SK,
Romashkan S, Galan KM, et al. 2011. Design and conduct of the CALERIE study:
comprehensive assessment of the long-term effects of reducing intake of energy. *J*
Gerontol A Biol Sci Med Sci **66**: 97–108.

Ryan CP, Jones MJ, Edgar RD, Lee NR, Kobor MS, McDade TW, Kuzawa CW. 2022. Immune
cell type and DNA methylation vary with reproductive status in women: possible pathways
for costs of reproduction. *Evol Med Public Health* **10**: 47–58.

Salas LA, Koestler DC, Butler RA, Hansen HM, Wiencke JK, Kelsey KT, Christensen BC. 2018.
An optimized library for reference-based deconvolution of whole-blood biospecimens
assayed using the Illumina HumanMethylationEPIC BeadArray. *Genome Biol* **19**: 64.

Salas LA, Zhang Z, Koestler DC, Butler RA, Hansen HM, Molinaro AM, Wiencke JK, Kelsey
KT, Christensen BC. 2022. Enhanced cell deconvolution of peripheral blood using DNA
methylation for high-resolution immune profiling. *Nat Commun* **13**: 761.

Solomon O, MacIsaac J, Quach H, Tindula G, Kobor MS, Huen K, Meaney MJ, Eskenazi B,
Barcellos LF, Holland N. 2018. Comparison of DNA methylation measured by Illumina
450K and EPIC BeadChips in blood of newborns and 14-year-old children. *Epigenetics*
13: 655–664.

Stevenson AJ, Gadd DA, Hillary RF, McCartney DL, Campbell A, Walker RM, Evans KL, Harris
SE, Spires-Jones TL, McRae AF, et al. 2021. Creating and Validating a DNA Methylation-
Based Proxy for Interleukin-6. *J Gerontol A Biol Sci Med Sci* **76**: 2284–2292.

Sugden K, Hannon EJ, Arseneault L, Belsky DW, Corcoran DL, Fisher HL, Houts RM,
Kandaswamy R, Moffitt TE, Poulton R, et al. 2020. Patterns of Reliability: Assessing the
Reproducibility and Integrity of DNA Methylation Measurement. *Patterns* **1**: 100014.

Tay JH, Chew YE, Wang W, Lim ZM, Guan L, Dorajoo R, Kennedy BK, Brooke R, Gordevicius
J, Horvath S, et al. 2025. DNAm age differences between infinium methylationEPICv1 vs
EPICv2 in buffy coat, PBMC, and saliva samples. *Commun Biol* **8**: 1–8.

Teschendorff AE, Marabita F, Lechner M, Bartlett T, Tegner J, Gomez-Cabrero D, Beck S. 2013.
A beta-mixture quantile normalization method for correcting probe design bias in Illumina
Infinium 450 k DNA methylation data. *Bioinformatics* **29**: 189–196.

Triche TJ, Weisenberger DJ, Van Den Berg D, Laird PW, Siegmund KD. 2013. Low-level
processing of Illumina Infinium DNA Methylation BeadArrays. *Nucleic Acids Res* **41**: e90.

Wielscher M, Mandaviya PR, Kuehnel B, Joehanes R, Mustafa R, Robinson O, Zhang Y, Bodinier
B, Walton E, Mishra PP, et al. 2022. DNA methylation signature of chronic low-grade
inflammation and its role in cardio-respiratory diseases. *Nat Commun* **13**: 2408.

Yang Z, Wong A, Kuh D, Paul DS, Rakyan VK, Leslie RD, Zheng SC, Widschwendter M, Beck
S, Teschendorff AE. 2016. Correlation of an epigenetic mitotic clock with cancer risk.
Genome Biol **17**: 205.

Zhang W, Young JI, Gomez L, Schmidt MA, Lukacsovich D, Varma A, Chen XS, Kunkle B,
Martin ER, Wang L. 2024. Critical evaluation of the reliability of DNA methylation probes
on the Illumina MethylationEPIC v1.0 BeadChip microarrays. *Epigenetics* **19**: 2333660.

Zheng SC, Beck S, Jaffe AE, Koestler DC, Hansen KD, Houseman AE, Irizarry RA, Teschendorff
AE. 2017. Correcting for cell-type heterogeneity in epigenome-wide association studies:
revisiting previous analyses. *Nat Methods* **14**: 216–217.

Zindler T, Frieling H, Neyazi A, Bleich S, Friedel E. 2020. Simulating ComBat: how batch
correction can lead to the systematic introduction of false positive results in DNA
methylation microarray studies. *BMC Bioinformatics* **21**: 271.

1020