Using composite phenotypes to reveal hidden physiological

heterogeneity and model oxygen saturation variation of high altitude

acclimatization in a Chinese Han longitudinal cohort

Yi Li[1], Yi Wang[1], Menghan Zhang[1], Yanyun Ma[1], Kun Wang[1], Xiaoyu Liu[1], Meng Hao[1],

Chang Sun[1], Xiaofeng Wang[1,2], Xingdong Chen[1,2], Yao Zhang[3], Wenyuan Duan[4],

Longli Kang[3], Bin Qiao[4], Jiucun Wang[1,2], Li Jin[1,2*]

[1] Ministry of Education Key Laboratory of Contemporary Anthropology,

Collaborative Innovation Center for Genetics and Development, School of Life

Sciences and Human Phenome Institute, Fudan University, Shanghai, China

[2] Fudan-Taizhou Institute of Health Sciences, Taizhou, China

[3] Key Laboratory of High Altitude Environment and Genes Related to Diseases of

Tibet Autonomous Region, School of Medicine, Xizang Minzu University,

Xianyang, China.

[4] Institute of Cardiovascular Disease, General Hospital of Jinan Military Region,

Jinan, Shandong, China.

*Corresponding authors:

Dr. Li Jin, School of Life Sciences, Fudan University, 2005 Songhu Road, Shanghai

200438, China.

Tel: 8602151630607.　　　Fax: 8602151630607.　　　Email: lijin@fudan.edu.cn

ABSTRACT

Altitude acclimatization is the physiological process of the human body adjusting to the decreased availability of oxygen. Since several physiological processes are involved and the relation among them is complicated, analyses of single-traits is insufficient in revealing the complex mechanism of high altitude acclimatization. In this study, we examined whether these physiological responses could be studied as composite phenotypes which are represented by a linear combination of physiological traits. We developed a strategy which combines both spectral clustering and Partial Least Squares Path Modeling (PLSPM) to define composite phenotypes based on a cohort study of 883 Chinese Han males. And we captured 14 composite phenotypes from 28 physiological traits of high altitude acclimatization. Using these composite phenotypes, we applied k-means clustering to reveal hidden population physiological heterogeneity in high altitude acclimatization. Furthermore, we employed multivariate linear regression to systematically model (Model 1 and Model 2) oxygen saturation (SpO_2) changes in high altitude acclimatization and evaluated the model fitness performance. And composite phenotypes based Model 2 has better fitness than single-traits based Model 1 in all measurement indices. Therefore, this new strategy of defining and applying composite phenotypes can be considered as a general strategy of complex traits research, which may also shed light on genetic loci discovery and phenome analyses.

INTRODUCTION

Altitude acclimatization is the physiological process of the human body adjusting to the decreased availability of oxygen[1]. It comprises of several physiological responses in the body, including ventilation function, cardiac function, oxygen delivery function, hematology, muscle structure and metabolism, oxygen consumption and so on[2,3]. The most important physiological responses are in the cardiorespiratory and the hematology system[2]. Oxygen saturation (SpO_2) reflect the most straightforward physiological changes [2,4-7]. The SpO_2 quickly decreased in three days in lowlanders ascending directly to 4,300 m, followed by a rise over weeks at altitude[1,2,8,9]. Another well-known physiological change is the hemoglobin concentration in the blood [1,8-10]. It is also known that individuals vary in both the speed and extent to altitude acclimatization[1,11,12]. The variations of responses across individuals provide an opportunity to explore the mechanism of altitude acclimatization[1,9,11].

Since several physiological processes are involved and the relation among them is complicated, analyses of single-traits are insufficient to capture the complex mechanism of high altitude acclimatization[1,4,9]. Therefore, analysis of composite phenotypes, i.e. combinations of physiological phenotypes could become a promising alternative[13-15]. There are several methods to extract composite phenotypes from multiple traits, such as Principal Component Analysis (PCA)-based methods[14,16,17] and Partial Least Squares (PLS)-based methods[9,18,19]. PLS-based methods have better performance than PCA-based methods[18,19]. Partial Least Squares Path Modeling (PLSPM) is the PLS-based approach to Structural Equation Modeling[20-22], which can also be viewed as a method for analyzing multiple relationships between groups of variables. In the PLSPM framework, there are generally two ways to define composite

phenotypes, i.e., latent variables[9,19-22]: one is using the prior knowledge and the other is

using data-driven methods such as spectral clustering[23,24].

Here, we conducted a two-phase longitudinal study of high altitude acclimatization

(baseline and chronic phase) in a large sample of 883 Chinese Han young males.

Overall 28 physiological phenotypes were collected from these individuals at each

phase. First, we extracted composite phenotypes from physiological phenotypes in high

altitude acclimatization by introducing a data-driven strategy constituting spectral

clustering[23,24] and PLSPM[20,21] algorithm. Second, using these composite phenotypes,

we revealed hidden population physiological heterogeneity in high altitude

acclimatization using k-means clustering[25]. Third, we modeled the changes of SpO_2

during high altitude acclimatization using multivariate linear regression[26], and further

evaluated the advantages of composite phenotypes over single phenotypes. The

workflow was summarized in **Fig. 1**, which is also the design of this study. The term

phenotype used in this manuscript are referred to as "The Extended Phenotype[27]".

METHOD

Study overview

To explore the physiological changes at two phases (baseline and chronic, **Table 1**)

of high altitude acclimatization, the longitudinal data were transformed into change

data[28]. To extract composite phenotypes from the 28 physiological traits, spectral

clustering[23,24,29] was applied firstly (**Fig. 1**). Based on the spectral clustering results

(composite phenotype structure, **Fig. 2**), PLSPM[20] was applied to construct and

estimate the 14 composite phenotypes (**Table2, Fig. 3**). Using the 14 composite

phenotypes, we applied k-means clustering algorithm[23,25] to explore physiological

heterogeneity in high altitude acclimatization (**Fig. 4**). To further investigate the

physiological patterns of the two groups, pairwise Pearson correlation heatmap was

shown (**Fig. 5**). To model how physiological traits systematically relate to SpO_2

changes in high altitude acclimatization process, two multivariate linear regression

models [26] were constructed. Finally, to evaluate the fitness of two models, AIC[30,31],

BIC[31,32], 10-fold CV[33] RMSE[34] and leave-one-out RMSE were measured (**Table 3**). In

summary, firstly we have a problem in biology and then we tried to solve it using several

effective statistical methods.

All the computation process of this study were realized in R (v3.3.1)[35] and the

related figures were generated by Matlab (R2015b)[36], 'ggplot2'[37], 'igraph'[38] R

packages. The computation process of composite phenotype scores was completed by

'plspm'[20] R package. The k-means clustering was completed by 'factoextra'[39] and

'NbClust'[40] R package. The multivariate linear regression models were calculated by

'stats' R package.

Exploring relationship of phenotypes by spectral clustering

The longitudinal data of high altitude acclimatization were firstly transformed into

change data[28]. All the 28 physiological traits have significant (under Bonferroni

correction[41]) changes from baseline to chronic phase at 4,300m highland. And the p

values were calculated by Wilcoxon Rank-Sum Test[42] (**Table 1**). Based on the change

data of high altitude acclimatization, spectral clustering[23,24] was applied. The similarity

matrixs in this study were the absolute values of spearman correlation coefficient [43]

matrixs of 28 physiological changes from baseline to chronic phase for high altitude

acclimatization. The affinity matrixs were computed by applying a k-nearest neighbor

filter [44] to build a representation of a graph connecting just the closest dataset points.

To compute the graph Laplacian matrix, there is also a need to get the degree matrix

where each diagonal value is the degree of the respective vertex and all other positions

are zero[24]. To choose the best number of spectral clustering, the eigenvalue gap

(difference between consecutive eigenvalues of Laplacian matrix, **Supplementary Fig.**

1) was maximized[29]. And the spectral clustering results were the composite phenotype

structure (**Fig.1** and **Fig. 2**).

Defining composite phenotypes by PLSPM

Based on the composite phenotype structure, PLSPM [20,21] was further applied to

construct composite phenotypes. And the latent variable scores[20,22] were calculated to

estimate these composite phenotypes. As the 28 physiological traits were clustered as

14 groups, there were also 14 composite phenotypes (LV1, LV2… LV13, LV14)

accordingly. PLSPM is claimed to explain at best the residual variance of the latent

variables and potentially also of the manifest variables in any regression run in the

model without strong assumptions [22]. To check the PLSPM blocks' unidimensionality,

the Cronbach's alpha, Dillon-Goldstein's rho and the first eigenvalue of the indicators'

correlation matrix were calculated [20,22]. Each composite phenotype captures a specific

aspect of high altitude acclimatization (**Table 2**, **Fig. 3** and **Supplementary Fig. 2**).

Revealing physiological heterogeneity by k-means

Based on the 14 composite phenotypes, k-means clustering was applied to explore

physiological heterogeneity in high altitude acclimatization (**Fig. 4**). The optimal

number of clusters is 2 (**Supplementary Fig. 3**) following the majority rule of 26

indices[40]. The silhouette plot (**Supplementary Fig. 4**) for k-means clustering also

showed that observations are well clustered [45]. Thus the 883 Chinese Han young males

were clustered into two groups (group1 with 508 individuals and group2 with 375

individuals, **Fig. 4**) based on the 14 composite phenotypes of high altitude

acclimatization. To further investigate the physiological patterns of the two groups,

pairwise Pearson correlation [46] heatmap was shown (**Fig. 5**).

Modeling oxygen saturation variation by multivariate linear regression

To model how physiological traits systematically relate to SpO_2 changes in high

altitude acclimatization process, two multivariate linear regression models [26] were

constructed. Model 1 is constructed by original 28 physiological traits changes from

baseline to chronic phase at 4300m highland and SpO_2 is the dependent variable (Y).

Model 2 is constructed by 13 composite phenotypes (excluding LV13, i.e., SpO_2) of

high altitude acclimatization, and SpO_2 is still the dependent variable (Y). To evaluate

the fitness of two models, AIC [30,31], BIC[31,32], 10-fold CV[33] RMSE[34] and leave-one-out

RMSE were measured (**Table 3**). We also employed Wilcoxon Rank-Sum Test [42] to

compare the 10-fold CV MSE and leave-one-out MSE of two models (Model 1 and

Model 2).

Participants

We conducted a longitudinal cohort measurement design to investigate the

responses of 28 physiological traits during high altitude acclimatization. The studied

subjects were first assembled at a location with an altitude of 50 m (in China) for 10–

14 days, and then they arrived at highland of above 4,300 m (in China) by train. The

study is comprised of two phases: baseline phase (before going to highland) and chronic

phase (living at highland for about 1 month). A structured questionnaire and

physiological examination for the subjects were carried out at two phases of high

altitude acclimatization respectively. The subjects with cancer, diabetes and coronary

heart disease were not included in this study. Overall 883 healthy Chinese Han young

males aged from 17 to 36 years old were recruited. The research was approved by the

Human Ethics Committee of Fudan University and written informed consent was

obtained from each participant and their guardians over 18 years old.

Physiological measurements

All the subjects (883 samples, 28 traits) were measured by physicians in General

Hospital of Jinan Military Region, who were previously trained to administer a

questionnaire and a physical examination. The systolic blood pressures (SBP) and

diastolic blood pressures (DBP) were calculated by mean of twice measurement of a

standardized mercury sphygmomanometer. Maximal vital capacity (FVC) were

measured by SPIDA5. Heart rate (HR) was measured by mean of twice radial pulse,

SPO_2 was measured by Nellcor NPB-40. The body temperature (Temperature) was

measured by thermometer. The blood specimens were drawn after overnight fasting for

complete blood count measurement by three classification haemacytometer analyzer

(Model CA-800; CIS, Japan). The blood routine indices include red blood cell count

(RBC, $\times 10^{12}$/L), hemoglobin (HGB, g/L), hematocrit (HCT, %), mean corpuscular

volume (MCV, fL), mean corpuscular hemoglobin (MCH, pg), mean corpuscular

hemoglobin concentration (MCHC, g/L), white blood cell counts (WBC, $\times 10^9$/L),

lymphocyte percentage (LYM%), absolute lymphocyte count (LYM#, $\times 10^9$/L), blood

platelet (PLT, $\times 10^9$/L), mean platelet volume (MPV, fL), plateletcrit (PCT, fL), platelet

distribution width (PDW, fL). The blood biochemical indices were measured by the

automatic biochemical analyzer (Model 7060; Hitachi Ltd., Japan), including glutamate

pyruvate transaminase (ALT, U/L), glutamic oxalacetic transaminase (AST, U/L), total

bilirubin (TBIL, umol/L), direct bilirubin (DBIL, umol/L), blood urea nitrogen (BUN,

mmol/L) and creatinine (CREA, umol/L). AST/ALT ratio and indirect bilirubin (IBIL,

umol/L) were calculated indices. The Lake Louise score (LLS) system scores[47] were

also collected in two phases. The LLS questionnaire consists of five items: headache,

dizziness, gastrointestinal symptoms, fatigue/weakness and difficulty sleeping. Each

item was rated on a four-point scale (0= not at all, 1=mild, 2=moderate and 3=severe).

Single item scores are added up and the maximal score is 15.

RESULTS

Exploring relationship of phenotypes in high altitude acclimatization

In this study, we collected the 28 physiological traits from 883 Chinese Han young

males at baseline (before going to highland) and chronic (living at highland for about 1

month) phases of high altitude acclimatization (**Table 1**). The studied subjects were first

assembled at a location with an altitude of 50 m (in China) for 10–14 days, and then

they arrived at highland of above 4,300 m (in China) by train. The subjects with cancer,

diabetes and coronary heart disease were not included in this study. Overall 883 healthy

Chinese Han young males aged from 17 to 36 years old were recruited. All the 28

physiological traits show significant (Bonferroni correction) changes from baseline to

chronic phase at 4,300m highland. These results indicate that a series of physiological

phenotypes are involved in high altitude acclimatization process[1,2,9]. Since we are

mainly concerned on the changes of these phenotypes, the longitudinal data were

transformed into change data[28] using Measure $_{chronic\text{-}baseline}$ = Measure $_{chronic}$ - Measure

$_{baseline}$. These data were used in subsequent analyses.

By analyzing the correlation between pairwise phenotypes, we found the

phenotypes are structured (**Fig. 2**). For example, RBC, HGB and HCT have strong

correlation with each other; and RBC almost has no correlation with LLS and SPO_2.

To further explore the relationship of phenotypes, spectral clustering algorithm[23,24] was

applied to group these 28 physiological phenotypes. To determine the number of

clusters, the one with maximum eigenvalue gap (**Supplementary Fig. 1**) was chosen[29].

The correlation heatmap (**Fig. 2**) showed the spectral clustering results of 28

physiological phenotypes, and they were clustered into 14 groups (i.e. composite

phenotype structure, **Fig. 2**).

Defining composite phenotypes of high altitude acclimatization

Based on the revealed aforementioned structure, PLSPM[20-22] was applied to extract

composite phenotypes of high altitude acclimatization. Overall 14 composite

phenotypes were extracted as the latent variables[20] (LV1, LV2… LV13, LV14). Each

composite phenotype is a linear combination of their manifest variables [21], and captures

a specific aspect of high altitude acclimatization (**Fig. 3, Table 2** and **Supplementary**

Fig. 2). The LV5 explained the variance of RBC, HCT and HGB, which mainly reflect

the number of red cells (Dillon-Goldstein's rho = 0.93, **Table 2 and Fig. 3**). The Dillon-

Goldstein's rho focuses on the variance of the sum of variables in the block of latent

variable[20,22]. The LV6 explained the variance of MCH, MCHC, MPV and MCV, which

reflect the hemoglobin concentration. As the changes of MCH and MCHC were

negatively related to MPV and MCV, we changed both MCH and MCHC signs to keep

loadings positive[20]. The LV12 is equivalent to single-phenotype LLS and the LV13

represents single-phenotype SPO_2.

Revealing physiological heterogeneity in high altitude acclimatization

To explore physiological heterogeneity in high altitude acclimatization, we applied

k-means clustering algorithm[23,25] on individuals using the 14 composite phenotypes.

Thus the 883 individuals could be clustered into two groups (group 1 with 508

individuals and group 2 with 375 individuals, **Fig. 4**, **Supplementary Fig. 4** and

Supplementary Fig. 5) based on the 14 composite phenotypes of high altitude

acclimatization. The separation of two groups of the individuals are mainly contributed

by hemoglobin concentration (LV6, Wilcox Rank Sum test's pvalue $= 3.36 \times 10^{-90}$),

number of red cells (LV5) and number of platelets (LV7) (**Supplementary Table 1** and

Supplementary Fig. 5). The results demonstrate physiological heterogeneity in high

altitude acclimatization among these sampled individuals, especially in the phenotypes

related with oxygen carrying capacity[1,48,49] including hemoglobin concentration,

number of red cells, platelet counts and so on. The increases in red cell number and

hemoglobin concentration improve the oxygen carrying capacity of the blood to

compensate for the reduction in oxygen saturation[1,50,51].

To further characterize the relationship of the 14 composite phenotypes in each

group, we calculated the pairwise Pearson correlation[46] (**Fig. 5**). For instance, there is

significant correlation (Pearson's r = 0.12, pvalue = 0.006, **Supplementary Table 2**)

between LV6 and LV13 in group 1, but no correlation between them in group 2

(Pearson's r = -0.03, pvalue = 0.51, **Supplementary Table 3**). To compare the

difference of these two Pearson correlation coefficient, fisher's z transformation[52-55]

were applied (pvalue=0.02, **Supplementary Table 4**). There is negative correlation

(Pearson's r = -0.2) between LV5 and LV7 in group 1, while in contrast, we observed

positive correlation (Pearson's r = 0.17, fisher's z transformation pvalue $=5.58 \times 10^{-8}$)

between them in group 2. Thus we can compare the correlation networks of multiple

physiological traits intuitively and focus on composite phenotypes not their manifest

variables.

Modeling oxygen saturation variation of high altitude acclimatization

Oxygen saturation (SpO_2) reflect the most straightforward physiological change of

high altitude acclimatization[2,4,5,7]. To model how other physiological traits

systematically relate to SpO_2 changes in high altitude acclimatization process, we

constructed two multivariate linear regression models. Model 1 is constructed by

original 28 physiological traits changes from baseline to chronic phase at 4,300m

highland and SpO_2 is the dependent variable (Y). To compare with this model, Model

2 is constructed by 13 composite phenotypes (excluding LV13, i.e., SpO_2) of high

altitude acclimatization.

To evaluate the goodness of fit of two models, the Akaike information criterion

(AIC)[30,31], Bayesian information criterion (BIC)[31,32], 10-fold cross validation (CV)[33]

root-mean-square error (RMSE)[34] and leave-one-out RMSE were measured (**Table 3**).

Model 2 has better fitness than Model 1 in all measurement indices (**Table 3**),

suggesting that the composite phenotypes is better performed in capturing variation of

high altitude acclimation. From the multivariate regression result of Model 2, we also

found that LV12 (LLS) is the most significant ($\beta = -0.29$, pvalue $= 0.04$,

Supplementary Table 5) trait that influence SpO_2. SpO_2 has been well studied as

predictors/indicators of AMS or LLS[1,2,4,10,56-59]. And those individuals who successfully

maintain their oxygen saturation at rest, most likely do not develop AMS[2,4,57].

DISCUSSION

In this study, we developed a data-driven strategy (**Fig. 1**) to extract composite

phenotypes from multiple physiological phenotypes of high altitude acclimatization in

a large-scale Chinese Han longitudinal cohort. We first explore the relationship of

phenotypes of high-altitude acclimatization. And then we extracted 14 composite

phenotypes from 28 physiological traits changes of high-altitude acclimatization. This

strategy could be applied to other complex traits, for example, immune diseases, cardio

metabolic traits or other complex diseases.

Altitude acclimatization comprises a number of physiological responses to mitigate

the effects of hypoxia[1,7]. There are many methods to analyze longitudinal data, such as

linear mixed models[60] and data transformation[28]. Since we are mainly concerned on the

changes of these phenotypes, transforming the longitudinal data into change data is also

a promising alternative[2,9,28,61]. Thus the transformed data was used in this study.

Since individual single-traits are insufficient to reflect the complex mechanism of

high altitude acclimatization[1,4,9], analysis of composite phenotypes could become a

promising alternative[13-15]. Among several methods, PLS-based composite phenotypes

have relatively interpretable biological meanings[9]. In particular, PLSPM can also be

viewed as a method for analyzing multiple relationships between blocks of variables[20].

Generally, there are two ways to define composite phenotypes in PLSPM

framework[9,22]: one is using the prior specific domain knowledge and the other is using

some data-driven methods like clustering. In our study, we employed the generalized

standard spectral clustering[23,24] to find the composite phenotype structure (**Fig. 2**) for

high-altitude acclimatization.

This study included 28 physiological phenotypes which covered respiratory

function, cardiac function, oxygen delivery function, hematology, oxygen saturation,

kidney function, liver function, LLS and so on. However, there are still traits not

involved in this study, such as muscle metabolism, oxygen consumption,

electrocardiogram, electroencephalogram, organism metabolism and so on. And the

data of this study was collected at two time points of high altitude acclimatization,

which may be incomplete. The subjects in this study are all young males, the

physiological responses of females may be quite different. More importantly, other factors such as genetic variations, should be studied to further understand potential physiological mechanism of high altitude acclimatization[4,7].

In summary, we have developed a strategy constituting both spectral clustering and PLSPM to define composite phenotypes. And we effectively used this strategy to capture 14 composite phenotypes from 28 physiological phenotypes of high altitude acclimatization. The 14 composite phenotypes have clear meaning in physiology and explain most of variance in statistics. Based on these composite phenotypes, we first observed physiological heterogeneity among individuals in high altitude acclimatization. In addition, we compared the performance of composite phenotypes and regular phenotypes in predicting SpO_2 changes. Both analyses showed that the composite phenotypes is better performed in capturing variation of high altitude acclimation. To conclude, this new strategy of defining and applying composite phenotypes can be considered as a general strategy of complex traits research[62], especially in phenome analyses[63,64].

ACKNOWLEDGEMENTS

This research was supported by National Science Foundation of China (31330038, 31521003, 31460286), Ministry of Science and Technology (2015FY1117000), Science and Technology Committee of Shanghai Municipality (16JC1400500), Shanghai Municipal Science and Technology Major Project (2017SHZDZX01) and the 111 Project (B13016). The computations involved in this study were supported by the Fudan University High-End Computing Center.

CONTRIBUTIONS

YL and LJ conceived the idea and contributed to writing of the paper. YL, YW, MHZ and LJ contributed the theoretical analysis. YL, YYM, KW, YZ, LLK, XDC, WYD, BQ, JCW and LJ contributed the data collection and data cleaning. YL, YW, MHZ, YYM, KW, XYL, WLP, CS, JCW and LJ contributed to scientific discussion and manuscript writing. YL and LJ contributed to final revision of the paper.

COMPETING INTERESTS: The authors declare no competing financial interests.

FUNDING: This research was supported by National Science Foundation of China (31330038, 31521003, 31460286), Ministry of Science and Technology (2015FY1117000), Science and Technology Committee of Shanghai Municipality (16JC1400500), Shanghai Municipal Science and Technology Major Project (2017SHZDZX01) and the 111 Project (B13016).

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FIGURE LEGENDS:

Figure 1. The workflow and design of this study.

Figure 2. The absolute value of spearman correlation heatmap of 28 physiological phenotypes. The spearman correlation coefficient ranges from 0 (dark blue) to 1 (dark red). The spectral clustering results are marked by white boxes. For example, SBP and DBP are grouped together, and their absolute spearman correlation coefficient is about 0.6 (yellow-green color).

Figure 3. The PLSPM loadings of 14 composite phenotypes of high altitude acclimatization. The 14 composite phenotypes (LV1, …, LV14) are represented by 14 different colors, and the height of each colorful bar is the loading (correlation) of each composite phenotype. Acceptable values for the loadings are values greater than 0.7 (threshold line), indicating that more than 49% (0.7×0.7) of the variability in a single phenotype (like SBP or DBP) is captured by its composite phenotype (like LV3).

Figure 4. K-means clustering results on individuals using the 14 composite phenotypes (LVs). The 883 individuals are clustered as two groups (group 1 with 508 individuals and group 2 with 375 individuals) based on their composite phenotype scores. The PCA plot is just visualization of the k-means clustering results (group 1 with red color and group 2 with blue color accordingly).

Figure 5. The pairwise Pearson correlation heatmap of 14 composite phenotypes (LV1,…, LV14) of two groups. The Pearson correlation coefficient ranges from -1 (blue) to 1(red). The left figure represents the Pearson correlation heatmap of 14 LVs of group 1 and the right figure represents the Pearson correlation heatmap of 14 LVs of group 2.

Supplementary Figure 1. The eigenvalue gap of spectral clustering. The eigenvalue

gap was maximized to choose the best number of spectral clustering (red line). And the

best clustering number is 14.

Supplementary Figure 2. The 14 composite phenotypes of high altitude

acclimatization. The numbers on the arrows are the PLSPM loadings of 14 composite

phenotypes, which is the same as Figure 3.

Supplementary Figure 3. The optimal number of k-means clustering on individuals.

The optimal number of clusters is 2 following the majority rule of total 26 clustering

indices.

Supplementary Figure 4. The silhouette plot of k-means clustering on individuals.

Silhouette values range from 1 to -1, when silhouette value is close to 1 indicating that

the individuals are well clustered. The silhouette plot for k-means clustering showed

that observations are well clustered.

Supplementary Figure 5. The histogram plot and density plot of each LV (14 LVs)

between 2 groups (group 1 with red color and group 2 with blue color). And we further

calculated the Wilcoxon Rank Sum test pvalue (the title of histogram plot) of each LV

between 2 groups.

Table 1. The 28 physiological traits from 883 Chinese Han young males at baseline and chronic phases of high altitude acclimatization.

Variables	Baseline		Chronic		Pvalue*
	Mean	Sd	Mean	Sd	
ALT	19.11	8.14	15.02	9.08	**6.28E-45**
AST	15.64	5.83	46.05	15.24	**2.33E-139**
AST.ALT	0.85	0.18	3.91	2.54	**2.14E-139**
TBIL	11.94	1.77	14.51	24.90	**1.41E-10**
DBIL	2.69	0.61	5.70	1.70	**3.72E-136**
IBIL	9.25	1.24	8.81	24.95	**1.96E-39**
BUN	5.08	1.12	6.21	1.17	**3.20E-87**
CREA	58.32	10.38	113.02	12.20	**2.85E-139**
WBC	6.21	1.34	8.21	1.70	**1.55E-125**
LYM%	36.16	7.48	40.61	10.71	**7.71E-42**
LYM#	2.21	0.52	3.31	0.99	**1.78E-106**
RBC	4.88	0.39	5.73	0.48	**5.25E-144**
HGB	150.15	10.05	179.59	13.46	**2.07E-144**
HCT	0.44	0.03	0.50	0.04	**1.35E-136**
MCV	90.60	5.14	87.39	4.89	**6.49E-126**
MCH	30.91	2.34	31.39	2.18	**1.16E-21**
MCHC	341.07	17.94	359.14	16.24	**3.97E-85**
PLT	206.88	42.79	258.94	51.49	**2.18E-124**
PCT	2.01	0.42	2.72	0.51	**9.95E-139**
MPV	9.78	1.26	10.54	0.62	**9.59E-68**
PDW	13.79	2.25	18.03	2.53	**9.71E-142**
FVC	444.45	38.26	412.31	59.16	**2.03E-51**
SBP	110.88	10.45	124.34	12.94	**2.51E-87**
DBP	73.21	8.65	75.98	9.61	**7.46E-13**
HR	66.49	9.57	87.16	10.99	**3.24E-123**
Temperature	36.22	0.12	36.38	0.29	**1.75E-39**
SPO2	97.76	2.08	85.82	3.80	**6.64E-132**
LLS	0.88	1.59	1.40	1.73	**1.14E-10**

* Pvalues were calculated by Wilcoxon Rank-Sum Test (paired= true).

The significant (under Bonferroni correction) pvalues were shown in bold.

Table 2. PLSPM composite phenotypes unidimensionality evaluation.

	Biological Meanings	Manifest variables	Mode	MVs	C.alpha	DG.rho	eig.1st	eig.2nd
LV1	forced vital capacity	FVC	A	1	1.00	1.00	1.00	0.00
LV2	heart rate	HR	A	1	1.00	1.00	1.00	0.00
LV3	blood pressure	SBP, DBP	A	2	0.70	0.87	1.54	0.46
LV4	immune system	LYM#, LYM%, WBC	A	3	0.55	0.77	1.76	1.21
LV5	number of red cells	RBC, HCT, HGB	A	3	0.89	0.93	2.45	0.48
LV6	hemoglobin concentration	MCH, MCHC, MPV, MCV	A	4	0.79	0.87	2.52	1.01
LV7	number of platelets	PLT, PCT	A	2	0.94	0.97	1.88	0.12
LV8	platelet distribution width	PDW	A	1	1.00	1.00	1.00	0.00
LV9	liver function	ALT, AST, AST/ALT	A	3	0.25	0.04	1.35	1.31
LV10	bilirubin	TBIL, DBIL, IBIL	A	3	0.59	0.79	2.00	1.00
LV11	renal function	BUN, CREA	A	2	0.61	0.84	1.44	0.56
LV12	Lake Louise score	LLS	A	1	1.00	1.00	1.00	0.00
LV13	oxygen saturation	SPO_2	A	1	1.00	1.00	1.00	0.00
LV14	body temperature	body temperature	A	1	1.00	1.00	1.00	0.00

Note: Overall 14 composite phenotypes are shown as the latent variables (**LV1, LV2**…**LV13, LV14**).

Table 3. Evaluation the goodness of fit of two multivariate linear regression models.

	Model1 (original variables)	Model2 (LV)	Pvalue*
AIC	5089	**5069**	_
BIC	5227	**5141**	_
10 fold CV RMSE	4.32	**4.26**	_
10 fold CV MSE (SD)	18.64 (5.60)	**18.12 (5.71)**	**0.00488**
Leave one out CV RMSE	4.32	**4.265**	_
Leave one out CV MSE (SD)	18.66 (53.42)	**18.19 (53.32)**	**0.00294**

*The Pvalues were calculated by Wilcoxon Rank-Sum Test.

The measurement indices with better fitness were shown in bold.

The significant pvalues (pvalue<0.05) were marked as bold and red color.