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4   Multi-omics co-localization with genome-wide association studies reveals a context-specific

5   genetic mechanism at a childhood onset asthma risk locus

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Abstract

Background

Genome-wide association studies (GWASs) have identified thousands of variants associated with asthma and other complex diseases. However, the functional effects of most of these variants are unknown. Moreover, GWASs do not provide context-specific information on cell types or environmental factors that affect specific disease risks and outcomes. To address these limitations, we used an upper airway (sinonasal) epithelial cell culture model to assess transcriptional and epigenetic responses to an asthma-promoting pathogen, rhinovirus (RV), and provide context-specific functional annotations to variants discovered in GWASs of asthma.

Methods

Using genome-wide genetic, gene expression and DNA methylation data in vehicle- and RV-treated airway epithelial cells (AECs) from 104 individuals, we mapped *cis* expression and methylation quantitative trait loci (*cis*-eQTLs and *cis*-meQTLs, respectively) in each condition. A Bayesian test for co-localization between AEC molecular QTLs and adult onset and childhood onset GWAS variants was used to assign function to variants associated with asthma. Mendelian randomization was applied to demonstrate DNA methylation effects on gene expression at asthma colocalized loci.

Results

Co-localization analyses of airway epithelial cell molecular QTLs with asthma GWAS variants revealed potential molecular disease mechanisms of asthma, including QTLs at the *TSLP* locus that were common to both exposure conditions and to both childhood and adult onset asthma, as

well as QTLs at the 17q12-21 asthma locus that were specific to RV exposure and childhood

onset asthma, consistent with clinical and epidemiological studies of these loci.

Conclusion

This study provides information on functional effects of asthma risk variants in airway epithelial

cells and insight into a disease-relevant viral exposure that modulates genetic effects on

transcriptional and epigenetic responses in cells and on risk for asthma in GWASs.

Background

Over the past decade, genome-wide association studies (GWASs) have identified over 60 asthma susceptibility loci at genome-wide levels of significance ($p<5x10^{-8}$) [1], with a locus at 17q12-21 being the most replicated and most significant asthma susceptibility locus in childhood onset asthma (reviewed in [2]). Although asthma is typically diagnosed based on clinical symptoms, such as wheeze, cough, and shortness of breath, it is actually comprised of many overlapping phenotypes and distinct endotypes with shared as well as unique genetic and environmental risk factors. For example, individuals with asthma differ with respect to age of onset, environmental triggers of exacerbations, response to medications, obesity, and co-occurrence with allergic diseases and other conditions. Recently, Pividori et al. reported 61 independent asthma loci, 23 of which were specific to childhood onset asthma, one that was specific to adult onset asthma, and 37 that were associated with risk for both childhood onset and adult onset asthma [1]. Gene and tissue enrichment patterns at these risk loci suggested that epithelial cells (skin) and lung as primary etiological drivers of childhood onset and adult onset asthma, respectively, while blood (immune) cell gene expression enrichments were shared by both. However, GWASs do not generally consider tissue- or other environment-specific effects, or gene by environment interactions. Moreover, epigenetic patterning may mediate the effects of exposures on gene expression and disease risk, yet such studies have only rarely been integrated with GWAS of asthma [3].

A challenge in interpreting GWAS results is that over 90% of disease-associated variants are located in non-protein-coding regions of the genome [4], which are enriched for chromatin signatures suggestive of enhancers [4] and for expression quantitative trait loci (eQTLs) [4-6]. SNPs associated in GWASs that also have functional annotations are more likely to be causal

variants, underlying disease pathophysiology through their effects on gene regulation. However,

identifying causal variants and their target genes at associated loci has been challenging, and the

functions of most SNPs associated with diseases in GWASs remain unknown. Databases such as

GTEx, ENCODE, and ROADMAP have been used to annotate GWAS SNPs and predict

molecular mechanisms through which risk variants affect disease phenotypes [3, 6-8]. But while

these resources have provided important insights into the interpretation of GWAS results, they

do not include all cell types relevant to all diseases or information on environmental exposures

that influence disease outcomes. As a result, annotations of asthma GWAS variants have been

largely limited to studies in transformed B cells lines, blood (immune) cells, and whole lung

tissue [1, 9, 10].

In vitro cell models provide an opportunity to address these limitations by characterizing

genetic and molecular responses to environmental exposures in cells from disease-relevant

tissues, and identifying genotypes that modify these responses [11, 12]. Joint analysis of datasets

(e.g. eQTLs and GWASs) can identify variants associated with both disease risk and molecular

traits as candidate causal variants that contribute to mechanisms of disease pathophysiology. A

multi-trait co-localization method (*moloc*) [13] was developed to integrate summary data from

GWAS and multiple molecular QTL datasets and identify candidate regulatory drivers of

complex phenotypes.

Here, we report the results of a multi-omics co-localization study to identify condition-

specific regulatory effects of asthma risk variants using an epithelial cell model of viral response.

Because airway epithelium forms a barrier to inhaled exposures, we used an *in vitro* upper

airway (sinonasal) epithelial cell model of transcriptional and epigenetic responses to rhinovirus

(RV). Primary infection of RV occurs in the nasal epithelium, and RV is a major contributor to

asthma inception in young children [14] and asthma exacerbations throughout life [15, 16],

underscoring its importance as a contextual promoter of asthma pathophysiology. We

demonstrate a specific enrichment of childhood onset asthma GWAS SNPs among airway

epithelial molecular QTLs, consistent with the important role that the epithelial barrier plays in

the inception of asthma in childhood [1, 17, 18]. Our integrative multi-omics approach suggests

an environment-specific mechanism of asthma pathogenesis at the 17q12-21 asthma locus in

childhood onset asthma, and a molecular mechanism shared between childhood onset and adult

onset GWASs in the *TSLP* gene at chromosome 5q22, highlighting complementary roles of the

airway epithelium in the pathogenesis of asthma.

Methods

Ethics statement

Study participants were recruited between March 2012 and August 2015, and nasal specimens

were collected as part of routine endoscopic sinonasal surgeries at Northwestern University

Feinberg School of Medicine. Informed written consent was obtained from each study

participant and randomly generated ID codes were assigned to all samples thereby preserving the

participant's anonymity and privacy. This study was approved by the institutional review boards

at Northwestern University Feinberg School of Medicine and the University of Chicago.

Sample collection and composition

Sinonasal epithelial cells were obtained by brushing the uncinate process collected at elective

surgery at Northwestern University from 56 males, 39 females, ages 18 − 73 years old (mean age

44), self-reported ethnicities as Caucasian (64%), Black (17%), Hispanic (13%), and "other"

(6%), and 43 asthmatics (current or prior status) and 61 non-asthmatics. Blood samples for

genotyping were collected from study participants. A summary of the study design is shown in

Fig. S1.

Upper airway epithelial cell culture and RV treatment

After isolation, nasal airway epithelial cells were cultured in bronchial epithelial cell growth

medium (Lonza, BEGM BulletKit, catalog number CC-3170) to near confluence, then frozen at -

80°C and stored in Liquid Nitrogen. Cells were subsequently thawed and cultured in collagen-

coated (PureCol, INAMED BioMaterials, catalog number 5,409, 3 mg/mL, 1:15 dilution) tissue

culture plates (6 wells of 2x 12 well plates) using BEGM overnight at 37°C and 5% CO_2. In

preparation for rhinovirus (HRV-16; RV) infection/stimulation, plates at 50-60% confluency

were incubated overnight in BEGM without hydrocortisone (HC) followed by a two-hour RV

infection at a multiplicity of infection (MOI) of 2 and vehicle treatment (Bronchial epithelial cell

basal medium (BEBM) + Gentamicin/Amphotericin) at 33°C (low speed rocking, ~15 RPM).

RV- and vehicle-treated cells were washed and then were cultured at 33°C for 46 hours (48 hours

total) in BEGM without HC.

Genotyping and imputation

DNA was extracted from whole blood or sinus tissue (if no blood was available) with the

Macherey-Nagel NucleoSpin Blood L or NucleoSpin Tissue L Extraction kits, respectively, and

quantified with the NanoDrop ND1000. Genotyping of all study participants was performed

using the Illumina Infinium HumanCore Exome+Custom Array (550,224 SNPs). After quality

control (QC) (excluding SNPs with HWE < 0.0001 by race/ethnicity, call rate < 0.95, MAF <

0.05 and individuals with genotype call rates < 0.05), 529,993 markers for 104 individuals were

available for analysis. Ancestry principal component analysis (PCA) was performed using 676

ancestry informative markers included on the array that overlap with the HapMap release 3 (Fig.

S2).

Phasing and imputation were performed using the ShapeIt2 [19] and Impute2 [20]

software packages, respectively. Variants were imputed in 5 Mb windows across the genome

against the 1000 Genomes Phase 3 haplotypes (Build 37; October 2014). Individuals were

categorized into two groups based on the k-means clustering of ancestry PCs, using the kmeans()

function in R; individuals were grouped as European or African American based on how they

related to the HapMap reference panel and means clustering of their ancestry PCs (Fig. S2).

After imputation, both groups were merged and QC was performed with gtool [21]. X and Y

chromosome-linked SNPs and SNPs that did not meet the QC criteria (info score < 0.8, MAF <

0.05, missingness > 0.05 and a probability score < 0.9) were excluded from analyses. Probability

scores were converted to dosages for 6,665,552 of the remaining sites used in downstream

analyses.

RNA extraction and sequencing

Following RV and vehicle treatments, RNA from cells underwent extraction and purification

using the QIAGEN AllPrep DNA/RNA Kit. RNA quality and quantity were measured at the

University of Chicago Functional Genomics Core using the Agilent RNA 6000 Pico assay and

the Agilent 2100 Bioanalyzer. RNA integrity numbers (RIN) were greater than 7.7 for all

samples. cDNA libraries were constructed using the Illumina TruSeq RNA Library Prep Kit v2

and sequenced on the Illumina HiSeq 2500 System (50 bp, single-end); RNA sequencing was

completed at the University of Chicago Genomics Core. Subsequently, we checked for potential

sample contamination and sample swaps using the publicly available software VerifyBamID

(http://genome.sph.umich.edu/wiki/VerifyBamID) [22] for cells from all 104 individuals

included in each treatment condition. We did not detect any cross-contamination between

samples but we did identify one sample swap between individuals, which we subsequently

corrected.

Sequences were mapped to the human reference genome (hg19) and reads per gene were

quantified using the Spliced Transcripts Alignment to a Reference (STAR) [23] software. X,Y,

and mitochondrial chromosome genes, and low count data (genes < 1CPM) were removed prior

to normalization via the trimmed mean of M-values method (TMM) and variance modeling

(voom) [24]; samples contain > 8M mapped reads. Principle components analysis (PCA)

identified biological and technical sources of variation in the voom-normalized RNA-seq reads.

We identified contributors to batch and other technical effects (days in liquid nitrogen,

experimental culture days, cell culture batches, RNA concentration, RNA fragment length,

technician, sequencing pool). Additionally, unknown sources of variation were predicted with

the Surrogate Variable Analysis (SVA) [25] package in R where 15 surrogate variables (SVs)

were estimated for the samples that were included in the experiment. Voom-normalized RNA-

seq data were then adjusted for technical effects, SVs, sex, and ancestry PCs (1-3) using the

function removeBatchEffect() from the R package limma [26]. Treatment responses in epithelial

cells were detected in the combined sample with 6,650 differentially expressed genes identified

at a FDR≤0.01 (Fig. S3).

DNA extraction and methylation profiling

Following RV and vehicle treatments, DNA was extracted from cells as described above. DNA

methylation profiles for cells from each treatment were measured on the Illumina Infinium

MethylationEPIC BeadChip at the University of Chicago Functional Genomics Core.

Methylation data were preprocessed using the minfi package [27]. Probes located on sex

chromosomes and with detection p-values greater than 0.01 in more than 10% of samples were

removed from the analysis; samples with more than 5% missing probes were also removed. A

preprocessing control normalization function was applied to correct for raw probe values or

background and a Subset-quantile Within Array Normalization (SWAN) [28] was used to correct

for technical differences between the Infinium type I and type II probes. Additionally, we

removed cross-reactive probes and probes within two nucleotides of a SNP with an MAF greater

than 0.05 using the function rmSNPandCH() from the R package DMRcate [29].

PCA identified technical and biological sources of variation in the normalized DNA

methylation datasets. We identified contributors to batch and technical effects including array,

and cell harvest date. Sex, age, and smoking were significant variables in the PCA. Unknown

sources of variation were predicted with the SVA package where we estimated 37 SVs. SWAN

and quantile-normalized M-values were then adjusted for batch and technical effects, SVs, sex,

age, and smoking using the function removeBatchEffect() in R. Treatment effects were detected

in the combined sample with 1,710 differentially methylated CpGs at a FDR<0.10 (Fig. S4).

eQTL and meQTL analyses

Prior to e/meQTL analysis, voom-transformed gene expression values and normalized

methylation M-values were adjusted for technical (array, cell harvest date), biological variables

(sex, age, ancestry PCs), as well as smoking and surrogate variables as described above. Linear

regression between the permuted genotypes (MAF>0.05) and molecular phenotypes (gene

expression and methylation residuals) from each treatment condition was performed with the

FastQTL [30] software package within *cis*-window sizes of 1 Mb and 10 kb for eQTL and

meQTL analyses, respectively. Nominal passes were conducted for each eQTL and meQTL

analysis within FastQTL, and an FDR threshold of 0.10 was applied to adjust for multiple testing

within each experimental dataset with the p.adjust() function in R.

A conditional analysis was performed with the QTLtools [31] software package to

identify molecular QTLs with independent effects on gene expression and DNA methylation.

This was accomplished in two-steps. First, a permutation analysis was performed within a *cis*-

window sizes of 1 Mb and 10 kb for eQTL and meQTL analyses, respectively, to derive nominal

p-value thresholds per molecular phenotype. Second, a forward-backward stepwise regression is

applied to ultimately assign significant variants to independent signals.

Multivariate adaptive shrinkage analysis (mash)

An Empirical Bayes method of multivariate adaptive shrinkage was applied separately to the

eQTL and meQTL data sets as implemented in the R statistical package, mashr

(https://github.com/stephenslab/mashr) [32], to produce improved estimates of QTL effects and

corresponding significance values in each treatment condition. Mashr implements this in two

general steps: 1) identification of pattern sharing, sparsity, and correlation among QTL effects,

and 2) integration of these learned patterns to produce improved effects estimates and measures

of significance for eQTLs or meQTLs in each treatment condition. To fit the mash model, we

first estimated the correlation structure in the null test from a random dataset in which 235,851

and 3,959,482 phenotype-SNP pairs were chosen for eQTLs and meQTLs, respectively, from the

FastQTL nominal pass; because mashr is computationally intensive, the number of randomly

chosen gene/CpG-SNP pairs were determined based on R's memory capabilities. The data-

driven covariances were then estimated using the 'top' mQTL in each gene or CpG results from

FastQTL. Posterior summaries were then computed for the 'top' eQTL and meQTL results (see

[32]). The instructions found in the *mashr* eQTL analysis outline vignette were followed to run

mash.

Enrichment analysis

The R package, GWAS analysis of regulatory or functional information enrichment with LD

correction (GARFIELD) [33], was used to quantify enrichment and assess significance of

GWAS SNPs among eQTLs and meQTLs. GARFIELD leverages GWAS results with molecular

data to identify features relevant to a phenotype of interest, while accounting for LD and

matching for genotyped variants, by applying a logistic regression method to derive statistical

significance for enrichment. For this study, molecular QTLs were tested for GWAS variant

enrichment, estimated as odds ratios and enrichment P-values derived at four GWAS P-value

thresholds: 10^{-5}, 10^{-6}, 10^{-7}, and 10^{-8}. To demonstrate disease-specificity of our results, we

selected summary statistics from four GWASs performed in UK Biobank subjects (Alzheimer's

disease [34], atrial fibrillation [35], height [36], neuroticism [37], in addition to one each for

adult onset and childhood onset asthma [1]). Summary statistics from these six GWASs were

used for enrichment analyses of the 755,441 molecular QTLs combined from each treatment

condition. These non-asthma GWASs were chosen based on similar population backgrounds

(European), availability of summary statistics (as of 05/18), and not known or expected to have

overlapping genetics with asthma (i.e., excluding diseases with known allergic or autoimmune

etiologies).

To assess tissue-specificity of our results, we examined eQTLs from the adrenal gland,

frontal cortex, hypothalamus, ovary, and testis from the GTEx database version 7

(http://gtexportal.org) [6], and tested for enrichment of adult onset and childhood onset asthma

GWAS SNPs among the epithelial eQTLs from our study combined across treatment conditions.

GTEx data were matched with respect to sample size and number of eQTLs with those of the

epithelium, with the exception of testis, which was included to show the consistency of the

enrichment results despite it being an outlier in regards to both sample size, which was smaller,

and number of eQTLs, which was larger. An FDR threshold of 5% and 10% was applied to

eQTLs from GTEx and from our study, respectively, for a balanced, unbiased assessment of

enrichment. An OR > 1 and a Benjamini-Hochberg (BH) corrected p-value threshold of < 0.05

was used as the significance threshold for enrichment; BH adjusted p-values were calculated

using the p.adjust() function in R where 'n' was determined by the number of tests in each

respective enrichment analysis.

Co-localization analysis

To estimate the posterior probability association (PPA) that a SNP contributed to the association

signal in the GWAS as well as to the eQTL and/or meQTL, we applied a Bayesian statistical

framework implemented in the R package multiple-trait-coloc (moloc) [13]. Summary data from

adult onset and childhood onset asthma GWASs from [1], along with eQTL and meQTL

summary data from cells within each treatment condition (described above), were included in the

moloc analysis. Each co-localization analysis included summary data from a GWAS and

epithelial cell eQTLs and meQTLs from corresponding treatment conditions. Because a genome-

wide co-localization analysis was computationally untenable, genomic regions for co-

localization were defined using GARFIELD. First, we analyzed the enrichment pattern of

e/meSNPs from each treatment condition in adult onset and childhood onset GWASs using the

default package settings. Second, we extracted variants driving the enrichment signals at a

GWAS p-value threshold of 1×10^{-4}. Regions were defined as 2 Mb windows centered around

these variants. Only regions with at least 10 SNPs in common between all three datasets or

'traits' (GWAS, eQTL, and meQTL) were assessed by moloc and 15 'configurations' of possible

variant sharing was computed across these three traits (see [13] for more details). PPAs ≥ 0.70

were considered as evidence for co-localization. Prior probabilities of 1×10^{-4}, 1×10^{-6}, and 1×10^{-7}

were chosen for the association of one, two, or three traits, respectively, as recommended by the

authors of moloc.

Mendelian randomization

Mendelian Randomization was performed using the ivreg2 function in R (https://www.r-

bloggers.com/an-ivreg2-function-for-r/) which applies a 2-stage least squares regression (2SLS),

as implemented in [38]. We used the only co-localized triplet (eQTL-meQTL-GWAS) to assess

the causal effects of DNA methylation (cg17401724) on gene expression (*ERBB2*), using the

genotype at rs66826786 as the instrumental variable.

Results

Genome-wide *cis*-eQTLs and *cis*-meQTLs mapping in cultured airway epithelial cells

To identify genetic variation influencing gene expression under different conditions, we

performed eQTL mapping in cultured AECs exposed to RV, and its corresponding vehicle

control from 104 individuals (43 with doctor diagnosed asthma; 61 without a doctor's diagnosis

of asthma; Fig. S1). Analyses were performed separately for each treatment condition, testing for

associations with 6,665,552 imputed SNPs (MAF>0.05) and 11,231 autosomal genes (see

Methods; Additional file 1 and 2). The numbers of SNPs associated with gene expression for at

least one gene (eQTLs) and genes with at least one eQTL (eGenes), in any treatment, are

summarized in Fig. S5.

In parallel, we performed meQTL mapping in the same cells used for gene expression

studies. We performed this analysis separately for each treatment condition, testing for

associations with the same imputed SNP set that was used for eQTL mapping and interrogated

791,765 autosomal CpGs (Additional file 3 and 4). A summary of the number of SNPs

associated with methylation levels at one or more CpG sites (meQTLs) and CpG sites with at

least one meQTL (meCpGs), in any treatment, are shown in Fig. S5.

Each gene/CpG-variant pair was tested for a linear regression slope that significantly

deviated from 0. Therefore, the estimated effects for the molecular QTLs reflects both the single-

SNP effects of each molecular QTL as well as those that are in linkage disequilibrium (LD).

Accordingly, these analyses do not differentiate between causal molecular QTLs from those in

LD with the QTL. However, these variants are still informative in prioritizing genes and CpG

sites that contribute to the etiology of asthma.

Estimating shared and condition-specific molecular QTL effects

After identifying molecular QTLs in each treatment condition, we first explored the impact of

RV exposure on eQTLs and meQTLs by comparing RV-treated to vehicle-treated results. For

this analysis, we used an empirical Bayes method, multivariate adaptive shrinkage (*mash*; see the

"Methods" section) [32]. Compared to direct comparisons between conditions, *mash* increases

power, improves effect-size estimates, and provides better quantitative assessments of effect size

heterogeneity of molecular QTLs, thereby allowing for greater confidence in effect sharing and

estimates of condition-specificity. Additionally, as a confidence measurement of the direction of

QTL effects, *mash* provides a 'local false sign rate' (lfsr) that is the probability that the estimated

effect has the incorrect sign [39], rather than the expected proportion of Type I errors as would

be assessed using FDR thresholds.

To identify condition-specific eQTLs, we analyzed the effect estimates of the most

significant eQTL for each of 11,231 genes and assessed sharing of these signals among the RV

and vehicle treated cells (see Methods). A pairwise comparison showed that 58.3% of eQTLs

were shared between RV and vehicle treatments, representing 1,564 eGenes, defined here as

genes with at least one eQTL at a lfsr < 0.05 (Fig. 1A; Additional file 5). We observed 660 and

458 condition-specific eGenes in the vehicle- and RV-treated cells, respectively. These

potentially represent genetic variants that modify responses to viral exposure in AECs. Examples

of treatment-specific eQTLs are shown in Fig. 1B. The effect estimates of the most significant

meQTL for each of 751,914 CpG sites were used to identify condition-specific DNA methylation

effects, as described above for eQTLs. A pair-wise analysis of meQTLs revealed that 89.9% of

meQTLs were shared between vehicle and RV treatments, representing 48,189 meCpGs, defined

here as CpGs with at least one meQTL at a lfsr<0.05 (Fig. 1C; Additional file 6), revealing a

much greater proportion shared meQTLs than those observed for eQTLs. Examples of the 5,416

treatment-specific meQTLs are shown in Fig. 1D.

In total, we identified 660 and 458 eGenes (lfsr<0.05) that were specific to vehicle or RV

treatment, respectively, and 5,162 and 254 meCpGs that were specific to vehicle or RV culture

treatment, respectively, with greater confidence than by pairwise comparisons using FDR

thresholds [32].

Molecular QTLs in the airway epithelium are enriched for asthma GWAS SNPs

Although the majority of variation in the human genome is non-functional [40], GWAS loci tend

to be most enriched for functional annotations in disease-relevant cells [4, 41, 42]. To assess

whether the 755,441 molecular QTLs identified in our study (i.e., the union of eQTLs and

meQTLs from each treatment condition at FDR<0.10) are enriched for GWAS variants and

whether these enrichments show tissue specificity, we first extracted summary statistics from a

publicly available GWAS data for childhood onset and adult onset asthma [1] and for four

diseases without known allergic or autoimmune etiologies (Alzheimer's disease [34], atrial

fibrillation [35], height [36], and neuroticism [37]). There were statistically significant

enrichments (OR>1 and BH-adjusted P-value<0.05; see Methods) for the childhood and adult

onset asthma GWAS SNPs among the molecular QTLs at each of four GWAS thresholds (Table

1), consistent with the strong epithelial cell involvement in asthma in general and with childhood

onset asthma in particular. In contrast, there were no significant enrichments for SNPs from four

of the other GWASs among the epithelial cell molecular QTLs. These results highlight the

specific enrichment of asthma GWAS SNPs among airway epithelial molecular QTLs compared

to SNPs from GWASs of diseases without known epithelial cells involvement.

Table 1. Enrichment estimates of airway epithelial cell molecular QTLs for GWAS SNPs. *P*-values that are significant after BH correction (see Methods) are shown in bolded type.

GWAS	N_{Cases}	$N_{Controls}$	N_{Total}	GWAS Threshold	OR	P
Alzheimer's Disease [34]	47,793	328,320	376,311	1×10^{-5}	0.78	3.95×10^{-1}
				1×10^{-6}	0.81	5.47×10^{-1}
				1×10^{-7}	0.80	5.74×10^{-1}
				1×10^{-8}	0.53	2.03×10^{-1}
Atrial Fibrillation [35]	60,620	970,216	1,030,836	1×10^{-5}	1.14	4.73×10^{-1}
				1×10^{-6}	1.07	1.71×10^{-1}
				1×10^{-7}	1.12	6.89×10^{-1}
				1×10^{-8}	1.48	2.64×10^{-1}
Height [36]	NA	NA	253,288	1×10^{-5}	1.23	2.49×10^{-1}
				1×10^{-6}	1.38	1.43×10^{-1}
				1×10^{-7}	1.50	1.22×10^{-1}
				1×10^{-8}	1.51	1.56×10^{-1}
Neuroticism [37]	130,664	330,470	461,134	1×10^{-5}	1.35	1.10×10^{-1}
				1×10^{-6}	1.72	3.84×10^{-2}
				1×10^{-7}	3.52	3.28×10^{-3}
				1×10^{-8}	9.09	2.23×10^{-3}
Adult Onset Asthma [1]	**21,564**	**318,237**	**339,801**	**1×10^{-5}**	**5.09**	**7.07×10^{-5}**
				1×10^{-6}	**5.36**	**1.86×10^{-3}**
				1×10^{-7}	8.11	2.18×10^{-3}
				1×10^{-8}	**19.3**	**1.16×10^{-3}**
Childhood Onset Asthma [1]	**9,433**	**318,237**	**327,670**	**1×10^{-5}**	**2.92**	**2.97×10^{-6}**
				1×10^{-6}	**4.77**	**1.23×10^{-7}**
				1×10^{-7}	**5.42**	**9.44×10^{-7}**
				1×10^{-8}	**4.05**	**1.64×10^{-4}**

To further assess the specificity of airway epithelial molecular QTLs to asthma, we

compared GWAS SNP enrichments among the eQTLs in our study to those from tissues that are

not known to be involved in asthma. To this end, we tested for enrichment of asthma GWAS

SNPs among eQTLs (FDR<0.05) in five different tissues from the GTEx database (adrenal,

frontal cortex, hypothalamus, ovary, testis) [43], and compared them to enrichments among the

eQTLs from our study. We observed a significant enrichment (OR>1 and BH-adjusted P<0.05)

of childhood onset asthma GWAS SNPs among the epithelial cell eQTLs at all GWAS P-value

thresholds $\leq 1 \times 10^{-7}$ (Table 2), while enrichments for adult onset asthma GWAS SNPs among the

epithelial cell eQTLs were not observed at any GWAS threshold (Table S1). Except for the

hypothalamus, which showed some enrichment at $P < 10^{-5}$), no other enrichments of asthma

GWAS SNPs were observed among eQTLs in other tissues, further supporting the specificity of

our model and previous studies suggesting that epithelial barrier defects underlie risk for

childhood onset, but not adult onset, asthma [1, 17, 18].

Table 2. Enrichment estimates of eQTLs for childhood onset asthma GWAS SNPs from six tissues. Significant *P*-values after BH correction are shown in bolded type. Results for adult onset asthma is shown in Table S1.

Tissue	GWAS Threshold	OR	P	N	N_{eSNP}
Adrenal	1×10^{-5}	1.32	1.84×10^{-1}	175	588,348
	1×10^{-6}	1.02	9.51×10^{-1}		
	1×10^{-7}	0.74	3.91×10^{-1}		
	1×10^{-8}	1.05	8.97×10^{-1}		
Brain - Frontal Cortex	1×10^{-5}	1.72	2.02×10^{-2}	118	367,312
	1×10^{-6}	1.33	3.46×10^{-1}		
	1×10^{-7}	1.19	6.27×10^{-1}		
	1×10^{-8}	1.46	3.29×10^{-1}		
Brain - Hypothalamus	$\mathbf{1 \times 10^{-5}}$	**2.27**	$\mathbf{9.38 \times 10^{-4}}$	**108**	**251,506**
	1×10^{-6}	1.72	9.68×10^{-2}		
	1×10^{-7}	1.64	1.93×10^{-1}		
	1×10^{-8}	1.64	2.55×10^{-1}		
Ovary	1×10^{-5}	1.78	2.05×10^{-2}	122	292,461
	1×10^{-6}	1.51	1.88×10^{-1}		
	1×10^{-7}	1.11	8.02×10^{-1}		
	1×10^{-8}	1.06	8.96×10^{-1}		
Testis	1×10^{-5}	0.85	3.90×10^{-1}	225	1,358,512
	1×10^{-6}	0.74	1.82×10^{-1}		
	1×10^{-7}	0.83	4.52×10^{-1}		
	1×10^{-8}	0.81	4.62×10^{-1}		
Airway Epithelial Cells	$\mathbf{1 \times 10^{-5}}$	**3.01**	$\mathbf{2.05 \times 10^{-4}}$	**104**	**185,407**
	$\mathbf{1 \times 10^{-6}}$	**2.89**	$\mathbf{3.89 \times 10^{-3}}$		

1×10^{-7}	**3.05**	**7.68×10^{-3}**
1×10^{-8}	2.41	1.01×10^{-1}

Molecular QTL co-localizations with adult onset and childhood onset asthma loci

Integrating molecular QTLs with GWAS data is a powerful way to identify functional variants

that may ultimately influence disease risk [44, 45] and to assign function to known disease-

associated variants. Co-localization approaches directly test whether the same genetic variant is

underlying associations between two or more traits (e.g., gene expression and asthma), providing

clues to causal disease pathways. We hypothesized that integrating molecular QTLs from RV-

and vehicle-exposed epithelial cells with results of GWASs for adult onset and childhood onset

asthma would reveal genetic and epigenetic mechanisms that modulate risk for childhood and/or

adult onset asthma.

To test this hypothesis, we extracted summary statistics from large GWASs of adult onset

asthma and childhood onset asthma [1], and tested each for co-localization with genetic variants

associated with gene expression, DNA methylation, and asthma, using *moloc*, a Bayesian

statistical approach that allows integration and co-localization of more than two molecular traits

[13]. We performed four separate co-localization tests for each treatment conditions with each of

the GWASs. Each analysis provided three possible configurations in which a variant is co-

localized between the GWAS and QTLs: eQTL-GWAS pairs, meQTL-GWAS pairs, eQTL-

meQTL-GWAS triplets. Estimates of a posterior probability of association (PPA) is provided,

reflecting the evidence for a colocalized SNP being causal for the associations in the GWAS and

for the corresponding eQTL and/or meQTL.

Using this approach, we found evidence for a total of 19 unique multiple trait co-

localizations (Table 3). A single meQTL-GWAS pair was co-localized in both the adult onset

and childhood onset asthma GWASs. An additional 18 co-localizations were detected only in the

childhood onset asthma GWAS, including a single eQTL-meQTL-GWAS triplet associated with

the *ERBB2* gene, three eQTL-GWAS pairs associated with three genes (*FLG, FLG-AS1,*

ORMDL3), and 15 meQTL-GWAS pairs associated with 11 CpG sites (Table 3; Table S2). No

co-localizations were specific to the adult onset asthma GWAS. Among the co-localized eGenes,

based on previous studies, *FLG* was predicted to have decreased expression of in childhood

onset asthma [46], *ERBB2* was predicted to have decreased expression of in severe asthma [47],

and *ORMDL3* was predicted to have increased expression (Table S3) [48]. The larger number of

co-localizations for childhood onset asthma relative to adult onset asthma is consistent both with

the previous observation that genes at the childhood onset asthma loci were most highly

expressed in skin, an epithelial cell type [1] and with the enrichment of childhood onset asthma

GWAS SNPs among epithelial cell eQTLs described above.

Table 3. Number of QTL-GWAS pairs or triplets with evidence of co-localization (PPA≥0.70). The one meQTL-GWAS pair in the adult onset asthma GWAS is also among the 15 meQTL-GWAS pairs in the childhood onset GWAS.

GWAS	eQTL-meQTL-GWAS	eQTL-GWAS	meQTL-GWAS
Adult onset asthma	0	0	1
Childhood onset asthma	1	3	15

PPA >= 0.70

The significance threshold ($p < 5 \times 10^{-8}$) required to control the false discovery rate in

GWASs likely excludes many true associations that do not reach this stringent cutoff. We and

others have suggested that these SNPs, i.e., the mid hanging fruit [49], may be environment- or

context-specific associations that are missed in GWASs that typically do not control for either

[50, 51]. Notably, 10 of the 19 SNPs associated with co-localizations in the childhood onset

asthma GWAS did not reach genome-wide significance in the GWAS. These results therefore

provided functional inferences both for variants that were significant in a GWAS at known

asthma loci and for variants that did not meet strict criteria for significance in the GWAS,

thereby facilitating prioritization of variants among the mid-hanging fruit [49]. Two examples of

co-localizations with prominent asthma-associated loci are described in the following sections.

meCpGs at *TSLP* co-localize with an asthma risk variant

To more deeply characterize the co-localizations, we first focused on the only meQTL-GWAS

pair in both the adult onset and childhood onset asthma GWASs. This pair included an intergenic

SNP (rs1837253) located 5.7 kb upstream from the transcriptional start site (TSS) of the *TSLP*

gene on chromosome 5q22, encoding an epithelial cell cytokine that plays a key role in the

inflammatory response in asthma and other allergic diseases [52]. rs1837253 co-localized with a

single meQTL (cg15557878) in both the adult onset ($p_{GWAS} = 2.77 \times 10^{-13}$) and childhood onset

($p_{GWAS} = 2.33 \times 10^{-27}$) asthma GWASs. The meCpG is located in the first (untranslated) exon (5'

UTR) of the *TSLP* gene (Fig. 2), a region characterized as a promoter in normal human

epidermal keratinocyte cells (NHEK; ROADMAP). In fact, rs1837253 was the sentinel SNP at

this locus in GWASs of asthma (e.g. [1, 53]) and of moderate-to-severe asthma [54]. In our

study, the rs1837253-C asthma risk allele was associated with hypermethylation in primary

cultured AECs at cg15557878 (Fig. 2), but was not associated with the expression of *TSLP* in

either treatment condition (not shown).

Previous studies have shown *TSLP* to be a methylation-sensitive gene and that

hypomethylation at its promoter is associated with atopic dermatitis (AD) and prenatal tobacco

smoke exposure [55, 56]. Another study showed that the rs1837253-CC genotype was associated

with increased excretion of TSLP in cultured AECs after exposure to polyI:C (a dsRNA

surrogate of viral stimulation) [57]. Neither finding could be addressed in our study. Moreover,

we were unable to identify any SNPs in LD with rs1837253 (± 50 kb) in either European or

African American ($r^2 < 0.12$) 1000Genomes reference panels, implying that this SNP may

indeed be the causal SNP at this locus. Our results further suggest that DNA methylation levels

in AECs may underlie this effect.

Multi-trait co-localizations of molecular QTLs and asthma risk at the 17q12-21 asthma

locus

To further explore the possibility that some mechanisms of asthma risk are exposure-specific, we

focused on the co-localizations of eQTLs and meQTLs with asthma-associated SNPs at the

17q12-21 (17q) locus, the most replicated locus for childhood onset asthma (reviewed in [2]).

This locus is characterized by high LD across a core region of 150 kb, encoding at least 4 genes

(including *ORMDL3* and *GSDMB*). SNPs extending both proximal (including *PGAP3* and

ERBB2) and distal (including *GSDMA*) to the core region show less LD with those in the core

region and have been implicated as potentially independent asthma risk loci. Previous studies

have shown that SNPs at this extended locus are eQTLs for at least four genes (*ORMDL3*,

GSDMB, *GSDMA*, *PGAP3*) in blood and/or lung cells [2] and that genetic variants at this

childhood onset asthma locus are also strongly associated with early life wheezing illness [58,

59], particularly RV-associated wheezing illness [60].

We identified six co-localizations at the extended 17q locus of molecular QTLs that were

specific to childhood onset asthma GWAS SNPs. Among these co-localizations, one eQTL-

GWAS pair with rs12603332 and expression of *ORMDL3* was only in vehicle-treated cells

(PPA≥0.70; Fig. 3A-B). The co-localized SNP (rs12603332) is in LD (r^2>0.74 in 1000 Genomes

European reference panel) with other previously reported asthma-associated GWAS SNPs in this

region, including some that were reported as eQTLs for *ORMDL3* and *GSDMB*, primarily in

blood immune cells. However, in contrast to studies in *ex vivo* upper AECs [61], none of the

SNPs were eQTLs for *GSDMB* in our *in vitro* culture model. That the co-localization with

rs12603332 and *ORMDL3* expression was only significant in vehicle treated cells reflects the

blunting of the eQTL effects (Fig. 3B), and possibly the overall decreased expression of

ORMDL3 (Fig. 3C), in RV-treated cells.

We also detected three meQTL-GWAS pairs among the six co-localizations at the 17q

locus that were associated with two meCpGs (cg21230266, cg17401724) and three SNPs at the

distal end of (rs4239225, rs3859191) and beyond (rs66826786) the extended locus near *GSDMA*,

where there is some reduction of LD with SNPs in the core region (Fig. 3D-F). One of these

CpGs was located in an intron (cg21230266) of *GSDMA* in regions characterized by ROADMAP

as enhancers in NHEK cells. SNPs in modest to perfect LD (r^2_{range}=0.46 - 1.00; 1000 Genomes

European panel) with these co-localizations (rs4239225, rs3859191) were described in previous

studies as an independent GWAS signal for asthma (rs3894194) or an eQTL for *GSDMA*

(rs3859192) [6, 62, 63]. These three meQTL-GWAS co-localizations were detected only in the

RV-treated cells, although the meQTL signal for each of the three co-localizations was also

detected in the vehicle treatment, likely due to decreased power to co-localize these meQTLs

from the vehicle-treated cells. Additionally, there were no statistically significant differences in

DNA methylation levels observed between the vehicle and RV treatments (Fig. 3F).

The one eQTL-meQTL-GWAS triplet detected in our study at the 17q locus (Fig. 4A,

upper panel. The co-localization included an eQTL for *ERBB2*, at the proximal end of the locus

and more than 361 kb from the co-localized asthma risk variant in an intron of *MED24*

(rs66826786) and the co-localized meCpG (cg17401724) at the distal end of the locus (Fig. 3A,

middle panel), . *MED24* is beyond the extended 17q12-21 locus as previously defined [2] in a

region characterized by ROADMAP as both an enhancer and TSS in NHEKs. The eQTL for

ERBB2 is observed only after exposure to RV (Fig. 3A middle and lower panels), though the

meQTL associated with this triplet was present in both vehicle and RV treatment conditions (Fig.

3B upper and lower panels, respectively). The asthma risk allele, rs66826786-T, was associated

with decreased DNA methylation of cg17401724 in both conditions but with decreased *ERBB2*

expression only in RV-treated cells. Overall, *ERBB2* expression decreased in response to RV

exposure in AECs (Fig. 3D). The 361 kb distance between the promoter of *ERBB2* and its eSNP

(rs66826786) suggests long-range interaction between *ERBB2* and the region harboring

cg17401724 and rs66826786. The fact that the eQTL is observed only after RV infection, further

suggests either that infection with RV triggers this long-range interaction in AECs via chromatin

looping between these loci, or that RV infection results in the recruitment of negative

transcription factors in this region that is already epigenetically poised. In fact, the observation

that the meQTL for cg17401724 is observed in both conditions indeed suggests an epigenetically

poised chromatin state at the distal end that directly affects transcription of *ERBB2* at the

proximal end of the locus after exposure to RV, and possibly to other viruses.

534   Mendelian randomization of multi-trait co-localized triplets

Co-localization analyses reveal genetic variants that are associated with both asthma and

molecular traits (gene expression and/or DNA methylation) but the question of causality between

the molecular traits remains unanswered. To infer causal relationships between DNA

methylation and gene expression on asthma risk, we performed Mendelian randomization (MR),

a method in which genetic variation associated with modifiable exposure patterns (i.e. DNA

methylation) can be used as an instrumental variable to estimate the causal influence of an

exposure on an outcome (i.e. DNA methylation on gene expression) [64]. Specifically, we

applied a two-stage least squares regression (2SLS; see Methods) regression to estimate the

effects of DNA methylation (exposure) on gene expression (outcome) in each treatment

condition, and used the QTL SNP (rs66826786) in the co-localized triplets at 17q as the genetic

instrument (see Methods). In this way, we are able to estimate whether the effect of the asthma

risk variant on gene expression levels is mediated by DNA methylation.

MR suggested a causal relationship between methylation and gene expression in RV-

treated cells for the co-localized triplet, indicating that the genotype effect at rs66826786 on

expression of *ERBB2* is mediated by methylation at the meCpG (Table 4). The contribution of

the meCpG on *ERBB2* gene expression was only detected in RV-treated cells (P-value$<1 \times 10^{-10}$)

while no evidence was detected in vehicle-treated cells (P-value=0.81), further suggesting a gene

regulatory mechanism that is triggered after exposure to RV. The MR result provides orthogonal

evidence for the co-localization of this triplet and novel evidence for causal inference with

respect to the co-localized traits (DNA methylation, gene expression). These data also reinforce

arguments for epigenetic mechanisms modifying gene expression, and potentially disease risk, in

response to environmental exposures [65, 66].

Discussion

One of the major challenges of complex disease genetics is to uncover molecular mechanisms of

pathogenesis and to understand how genetic and environmental factors interact to influence risks

for disease. While GWASs have identified thousands of SNPs associated with disease

phenotypes, interpretation and downstream follow-up studies of GWAS results have been

limited. Cell models can advance our understanding of disease pathobiology through

experimental testing of disease mechanisms in a controlled environment. In this multi-omics

study, we leveraged an airway epithelial cell model of microbial response to identify potentially

functional variants, some of which have context-specific effects on transcriptional and epigenetic

responses, and molecular mechanisms of disease. We show that asthma GWAS SNPs were

specifically enriched among molecular QTLs in airway epithelial cells compared to SNPs from

other GWASs, and among AEC eQTLs compared to eQTLs from other tissues. Finally, SNPs

that were molecular QTLs in our study co-localized with asthma GWAS SNPs, identifying 18

unique co-localizations that included both known asthma loci (e.g., 17q12-21 and *TSLP*) and loci

that did not meet stringent criteria for genome-wide significance in the GWASs (Table S2).

The results of enrichment analyses further highlighted the important role of airway

epithelium in asthma GWAS discoveries. The enrichment of childhood onset asthma GWAS

SNPs among epithelial eQTLs is particularly noteworthy, as it not only supports the tissue

specificity of our model but also identified genomic loci with molecular mechanisms that have

not been described prior to our study. These results are also consistent with previous studies

suggesting that functional variants from disease-relevant tissues are more enriched among

GWAS loci for those diseases [4, 41, 42]. The more modest enrichment of adult onset asthma

GWAS SNPs among epithelial eQTLs may be due to the overall smaller effect sizes of SNPs at

adult onset asthma loci compared to childhood onset asthma loci, to the less important role of

epithelial cells in the pathophysiology of adult onset asthma, or to the greater heterogeneity and

lesser heritability of adult onset asthma [1]. Other differences between the adult onset and

childhood onset asthma GWASs were observed. For example, only a single co-localization was

detected with adult onset asthma GWAS SNPs, compared to 19 with childhood onset asthma

GWAS SNPs. None of the co-localizations in the adult onset GWAS included an eQTL

compared to four childhood onset co-localizations with eQTLs, and the one meQTL-GWAS pair

in the adult onset asthma GWAS was also present in the childhood onset asthma. These

differences were additionally surprising because although there were 2.5-times the number of

loci associated with childhood onset asthma compared to adult onset asthma in the GWASs [1],

there were nearly 20-times more co-localizations in the childhood onset compared to the adult

onset GWAS (19 vs. 1, respectively). These observations likely reflect the more important role

of gene regulation and dysregulation in airway epithelium in the etiology of childhood onset

asthma compared to adult onset asthma [17, 18]. Focusing on other asthma relevant tissues (e.g.,

lung tissue) or cells (e.g., immune cells) might reveal additional novel molecular mechanisms

and differences between childhood onset and adult onset asthma.

Our study provides mechanistic evidence for associations between GWAS SNPs and

asthma at two important loci: the *TSLP* and 17q12-21 loci. Co-localizations of the asthma

associated SNP rs1837253 with DNA methylation levels in the *TSLP* gene suggest an epigenetic

mechanism of disease that contributes to both adult and childhood onset asthma, and is robust to

RV versus vehicle treatment. Associations of this SNP with asthma have been highly replicated

in GWASs, and TSLP is recognized as having an important role in asthma pathogenesis through

its broad effects on innate and adaptive immune cells promoting Th2 inflammation [67]. Our

data further show that the effect of rs1837253 genotype on risk for asthma may be mediated

through DNA methylation levels at CpG sites in the untranslated first exon of the *TSLP* gene in

AECs. Finally, the lack of LD with other SNPs in a 100 kb window suggests that rs1837253 may

be the causal asthma SNP at this important locus.

Since its discovery over a decade ago, the 17q12-21 locus has been an important focus of

asthma research. Several studies have revealed the complex nature of this locus including the

differences in LD structure across populations, and contrasting gene expression patterns and

eQTLs at this locus in asthma-relevant cell types (reviewed in [2, 61]). In our study, using an

airway epithelium cell model of RV infection, additional dimensions of complexity at this locus

were revealed. For example, genes in the core region have been considered the most likely

candidate genes mediating effects of genetic variation on risk of childhood onset asthma [61].

However, our study further shows that genes at both the proximal and distal ends of this locus,

ERBB2 and *GSDMA*, respectively, may contribute to asthma risk in the presence of RV

infection. Mendelian randomization revealed a novel epigenetic mechanism through which a

SNP at the distal boundary of the locus was associated with expression of *ERBB2* at the proximal

boundary of the locus, only after exposure to RV. The eQTL effect on *ERBB2* expression in RV-

treated cells was mediated through differential methylation of a CpG site at the distal locus,

which was present in both treatment conditions. Previous studies have shown that variation at the

17q core locus confers risk to asthma only among children with wheezing illness in early life

[68], particularly with RV-associated wheezing [59, 60]. Our study further connected RV

infection and genotype at this locus to the *ERBB2* gene for the first time, as well as to an

interaction between genetic and methylation variation at the distal end of the locus with the

expression of *ERBB2* at the proximal end of the locus in RV infected epithelial cells. The SNP

that is the eQTL for *ERBB2* in RV infected epithelial cells was associated with childhood onset

asthma (p_{GWAS} = 6.43x10^{-26} [1]), directly connecting the eQTL for *ERBB2* in RV-treated cells to

asthma risk. The asthma associated allele, rs66826786-T, was associated with decreased

expression of *ERBB2* after RV infection in our study (Fig. 3A), consistent with results of a study

of 155 asthma cases and controls reporting an inverse correlation between *ERBB2* expression in

ex vivo lower AECs and asthma severity [47]. These combined data suggest that decreased

expression of *ERBB2* associated with asthma severity may be modulated by RV, the most

common trigger of asthma exacerbations, via epigenetic mechanisms involving DNA

methylation and long-range chromatin looping between the proximal and distal ends of this

important locus. In addition, meQTLs in *GSDMA*, at the proximal end of the locus, co-localized

with GWAS SNPs in RV-treated cells only. Together, these findings further highlight the

importance of RV exposure at this prominent asthma risk locus and provide mechanistic

evidence for a genotype by exposure interaction, and raise the possibility that SNPs in the core

region primarily confer risk for inception of early onset asthma whereas SNPs in the proximal

and distal ends of the locus primarily modulate gene-environment interactions.

Many of the associations in GWASs that do not reach stringent criteria for genome-wide

significance ($p<5x10^{-8}$) may be true signals. Distinguishing true from false positive signals for

variants among the mid-hanging fruit (e.g., p-values between 10^{-5} and $> 10^{-8}$) can be challenging.

In our study, over 57% of the co-localizations were with a GWAS SNP that did not meet

genome-wide significance (childhood onset asthma GWAS p-value range $6.1x10^{-7} – 1.4x10^{-5}$;

Table S2). One possibility for this is because the variants have exposure-specific, tissue-specific,

or endotype-specific effects, which are heterogeneous among subjects included in GWASs.

Therefore, annotating SNPs among the mid-hanging fruit for functionality provides more

confidence to these findings, a more complete picture of the genetic architecture of asthma, and a

model for prioritizing these loci for further studies.

Our study has several limitations. First, the sample sizes for the eQTL and meQTL

studies were smaller than the most reliable sample size recommended by moloc (n_{min}=300) [13].

In such cases, *moloc* can miss true co-localizations in QTL datasets. For example, an eQTL-

GWAS pair with supporting evidence may, in reality, be an eQTL-meQTL-GWAS triplet. As a

result, the eQTL-GWAS and meQTL-GWAS pairs that we identified could be eQTL-meQTL-

GWAS triplets that we were not powered to detect, or we may have missed other co-localizations

entirely. For example, although only a single meQTL co-localized with a GWAS SNP at the

TSLP locus, the same SNP, rs1837253, was an meQTL for three additional CpGs (Fig. S6),

representing additional potential contributors to asthma disease mechanisms. Nonetheless, the 19

unique co-localizations detected in our study are likely to be real, although future studies in

larger samples will increase confidence in our findings. Second, we focused our studies on one

cell type (upper airway sinonasal epithelium), two exposures (vehicle and RV), and one

epigenetic mark (DNA methylation). It is possible that other asthma-relevant co-localizations are

specific other tissues or cell types or to other exposures or culture conditions, and that additional

epigenetic marks, such as those associated with chromatin accessibility, would be additionally

informative. These extended studies will be necessary to validate the specificity and provide a

more complete catalog of asthma-relevant co-localizations. Finally, characterizing chromatin

conformational changes in AECs before and after exposure to RV will allow a direct assessment

of the chromatin looping at the extended 17q12-21 locus that may occur in response to viral

infection and potentially identify other context-specific interactions.

In summary, we identified *cis*-eQTLs and *cis*-meQTLs in an airway epithelial cell model

of host cell response to RV and integrated those data with asthma GWASs to assign potential

molecular mechanisms for variants associated with asthma in two large GWASs. By combining

enrichment studies, co-localization analysis, and Mendelian randomization, we provide robust

statistical evidence of epigenetic mechanisms in upper airway cells contributing to childhood

onset asthma. We demonstrate that a multi-omics approach using a disease-relevant cell type and

disease-relevant exposure allows prioritization of disease-associated variants and provides

insight into potential epigenetic mechanisms of asthma pathogenesis.

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Fig. 1. Summary of molecular effects sharing across treatment conditions (lfsr<0.05). Venn

diagrams of eGenes **(A)** and meCpGs **(B)** shared between vehicle- and RV-treated airway

epithelial cells. Forest plots showing examples of RV- (left) and Vehicle-specific (right) eQTLs

(C) and meQTLs **(D)**.

Fig. 2. Co-localization of rs1837253 with DNA methylation levels for cg15557878 at *TSLP*.

rs1837253 (red vertical bar, upper panel)) is associated with DNA methylation levels at

cg15557878 (orange vertical bar, upper panel). Box plots show DNA methylation levels (y-axes)

for each meCpGs by rs1837253 genotype (x-axes) in each treatment condition (lower panel).

Fig. 3. Co-localization pairs at the 17q asthma susceptibility locus. Upper panel: Box plots

for the co-localized *ORMDL3* eQTL in cultured airway epithelial cells treated with vehicle **(A)**

and RV **(B)**. The effect size of the correlation between *ORMDL3* and rs12603332 decreases after

treatment with RV (FDR<0.10); and *ORMDL3* gene expression decreases after treatment with

RV **(C)**. Box plots of the cg21230266 meQTL treated with vehicle (**D**) and RV (**E**), and

methylation levels at cg21230266 (**F**). The meQTLs and overall methylation levels are similar

in vehicle and RV treatments. Lower panel: The extended 17q12-21 locus. Co-localizations are

shown by the vertical colored lines; rs4239225, a SNP in LD with rs3859191 (solid turquoise

lines), is also significantly correlated with DNA methylation levels at cg21230266 in vehicle and

RV (not shown; see Table S2). See Fig 4B for box plots of the cg17401724:rs66826786 meQTL.

Solid lines indicate the position of the colocalized SNP. Dashed lines indicate the location of

meCpG pairs. Traits of the same co-localization are shown in the same color. A single eQTL-

GWAS pair for *ORMDL3* is shown in orange; meQTL-GWAS pairs are shown in turquoise and

green.

Fig. 4. Co-localization of rs66826786 with *ERBB2* expression and DNA methylation levels

for cg17401724. (A) LocusZoom plots of childhood onset GWAS results at the 17q locus

showing the *ERBB2* gene at the proximal (left) end of the locus and the co-localized eQTL

(rs668826786) at the distal (right) end of the locus (modified from Pividori ?). The SNP

(rs66826786), which colocalized with associations for childhood onset asthma, *ERBB2*

expression, and DNA methylation at cg17401724, is shown as a purple diamond in each of three

LocusZoom plot. Upper panel: childhood onset asthma GWAS (modified from Pividori et al.

2019). Middle panel: *ERBB2* eQTLs for vehicle-treated cultured airway epithelial cells. Lower

panel: *ERBB2* eQTLs for RV-treated airway epithelial cells. Boxplots for *ERBB2* gene

expression by rs66826786 genotype is shown within the middle and lower LocusZoom plots. **(B)**

Boxplots for cg17401724 meQTLs in vehicle-treated (upper panel) and RV-treated (lower panel)

cultured airway epithelial cells. **(C)** *ERBB2* gene expression in vehicle-treated and RV-treated

cells.

Supporting information

Fig. S1 Overview of the e/meQTL and co-localization studies in NECs treated with RV. **(A)** Step-wise experimental design to identify treatment-specific e/meQTLs in NECs from 104 individuals: 1. NECs collected from study participants were cultured and treated with RV and a vehicle for 48 hours. 2. Gene expression and DNA methylation measured in NECs from each treatment condition. 3. Genotype profiling to identify genetic variation influencing gene expression and DNA methylation to RV- and SA-treatment. 4. QC and analyses including e/meQTL mapping, multi-trait co-localization analysis, and Mendelian randomization. **(B)** Breakdown of the number of subjects for each experiment and molecular QTL mapping.

Fig. S2 PCA and k-means clustering of genotypes. (A) PCA plot of study participant's genotypes (circles) projected on HapMap genotypes (squares). **(B)** Scree plot of k-means clustering of ancestral PCs in which the within groups sum of squares (y-axis) is plotted against the number of potential group clusters (x-axis); using the 'elbow criterion', it is determined that two clusters are best representative of how many clusters study samples can be grouped into. **(C)** PCA plot of study participants grouped into two cluster for genotype imputation, European (red), and African American (Blue), according to the k-means clustering criterion.

Fig. S3 PCA of gene expression in RV- and vehRV-treated epithelial cells. **(A)** PCA plot of epithelial cell gene expression from 95 individuals treated with vehicle and RV before regressing out covariates. **(B)** PCA plot of gene expression in vehicle- and RV-treated cells after regressing out covariates. Tables showing p-values of correlation with PCs and covariates before **(C)** and

after **(D)** regression. **(E)** Volcano plot showing differential gene expression in response to RV

treatment.

Fig. S4 PCA of DNA methylation in vehicle- and RV-treated in cultured airway epithelial cells.

(A) PCA plot of cultured airway epithelial DNA methylation from 103 individuals treated with

vehicle and RV before regressing out covariates. **(B)** PCA plot of DNA methylation in vehicle-

and RV-treated cells after regressing out covariates. Tables showing p-values of correlation with

PCs and covariates before **(C)** and after **(D)** regression. **(E)** Volcano plot showing differential

DNA methylation in response to RV treatment.

Fig. S5 Summary results for molecular QTL mappings. Venn diagrams of eQTLs **(A)** and

meQTLs **(B)** in each condition (FDR<0.10). **(C)** Summary of eQTL and meQTL mapping results

for each treatment condition. The number of SNPs associated with the gene expression of at least

one gene or CpG and the number of genes or CpGs whose expression or DNA methylation levels

was associated with at least one SNP.

Fig. S6 meQTLs at rs1837253 located in the first untranslated exon of the *TSLP* gene. Box plots

of three meQTLs that were identified in both the vehicle- (left) and RV-treated (right) AECs

were correlated with the asthma risk variant (rs1837253) but did not show evidence of co-

localization. These meQTLs may represent additional evidence of an epigenetic mechanism

contributing to asthma.

Table S1 Enrichment estimates of eQTLs for adult onset asthma GWAS SNPs from six tissues.

P-values that are significant after BH correction are shown in bolded type.

Table S2 *moloc* results indicating molecular QTL-GWAS pars and triplets

Table S3 Adult onset and childhood onset asthma GWAS risk allele effects on gene expression

and DNA methylation

998 **Figure 1**

RV   Vehicle

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1013   **Figure 3**

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1020   **Figure 4**