

Figure S1, related to Figure 1. Experimental and analytical workflow in this study
(A) Experimental flow in Open TG-GATEs. (B) Analytical workflow in this study. (C) Known biological activity of 160 compounds investigated in vivo in Open TG-GATEs. Only the features shared by more than one compound are shown.

A






Figure S2, related to Figure 1. Physiological parameters and their correlations
(A) 47 physiological parameters measured in Open TG-GATEs. In a 'description' column, shown 8 parameters that are calculated from other parameters. 2 that are extremely well-correlated with other parameters. These 10 redundant parameters were removed for t-SNE analysis because they do not carry unique information and outweigh correlated parameters in further analysis. 37 used parameters for the analysis were marked as y in 'used' column. (B) Heatmap showing Spearmn correlation coefficients between physiological parameters across 3,564 conditions. (C-F) Scatter plots of four pairs of parameters across 3,564 samples. Note that a parameter of each treatment was normalized by first subtracting corresponding value of vehicle treatment, then divided by interquartile range (IQR) of all 3,564 conditions. (C) an example of strong positive correlation: Ht and Hb . (D) comparison of two liver injury markers, ALT and DBIL. (E) comparison of two kidney injury markers, BUN and CRE. (F) strong negative correlation between Neu and Lym.

RBC


MCH


WBC


Lym


Hb


MCHC


Neu


PT


Ht


Ret


Eos


APTT


MCV


Plat


Mono


Fbg


Figure S3, related to Figure 1. Physiology parameters on t-SNE map (1/3 page)
46 physiology parameters, as well as time point and relative doses (Low, Middle, High) of the measurements were mapped onto the physiology t-SNE map.


Figure S3, related to Figure 1. Physiology parameters on t-SNE map (continued, 2/3 page) 46 physiology parameters, as well as time point and relative doses (Low, Middle, High) of the measurements were mapped onto the physiology t-SNE map.


Figure S3, related to Figure 1. Physiology parameters on t-SNE map (continued, 3/3 page) 46 physiology parameters, as well as time point and relative doses (Low, Middle, High) of the measurements were mapped onto the physiology t-SNE map.


Figure S4, related to Figure 1. Kinetics of histopathology phenotypes
(A) Number of histopathology observations per condition, stratified by time points. (B) Kinetics of each histopathology phenotype. Color codes on the heatmap show relative frequency within each phenotype. Barplots on the right indicate the number of observations per each phenotype.

Hypertrophy (liver)
Cellular infiltration (liver)


Change, eosinophilic (liver)

legeneration, granular, eosinophilic (liveI


Hematopoiesis, extramedullary (liver) ellular infiltration, mononuclear cell (live


Increased mitosis (liver)


Vacuolization, cytoplasmic (liver)


Proliferation, bile duct (liver)


Edema (liver)


Deposit, glycogen (liver)


Change, basophilic (liver)


Alteration, nuclear (liver)


Granuloma (liver)


Fibrosis (liver)


Hemorrhage (liver)


Degeneration, hydropic (liver)


Cellular foci (liver)


Degeneration, fatty (liver)


Proliferation, Kupffer cell (liver)


Proliferation, oval cell (liver)


Dilatation (liver)


Anisonucleosis (liver)


Inclusion body, intracytoplasmic (liver)

Deposit, pigment (liver)




Dilatation (kidney)


Change, basophilic (kidney)


Scar (kidney)


Vacuolization, cytoplasmic (kidney)


Cyst (kidney)


Necrosis (kidney)


Degeneration (kidney)


Cellular infiltration (kidney)


Mineralization (kidney)


Hyaline droplet (kidney)


Cast,hyaline (kidney)


Hyperplasia (kidney)


Fibrosis (kidney)


Regeneration (kidney)


Eosinophilic body (kidney)


Hypertrophy (kidney)


Figure S5, related to Figure 1. Histopathology mapped onto the physiology t-SNE (cont'd, 3/4 page) Observations of each histopathology phenotypes in the liver (red) and kidney (blue) were mapped onto the physiology t-SNE plot.

Edema (kidney)
Infarct (kidney)
Swelling (kidney)


Dilatation, cystic (kidney)


Figure S5, related to Figure 1. Histopathology mapped onto the physiology t-SNE (cont'd, 4/4 page) Observations of each histopathology phenotypes in the liver (red) and kidney (blue) were mapped onto the physiology t-SNE plot.

## A Compound overrepresentation



Figure S6, related to Table 1. Toxin class overrepresentations in DSs.
(A) Compound overrrepresentation in three DSs ( $q$-value lower than $10^{-2}$ ). (B) Changes in physiological parameters and of NSAIDs and non-NSAIDs in DS8. (C) Overrepresented histological phenotypes of NSAIDs and non-NSAIDs in DS8. (D) Changes in physiological parameters of lipid-lowering drugs and the other compounds in DS1. (E) Overrepresented histological phenotypes of lipid-lowering drugs and the other compounds in DS1. (F) Physiological changes of hormones and non-hormones in DS2. (G) Histopathological overrepresentation of hormones or non-hormones in DS2. For B-G, Thresholds for FDR-adjusted p-values ( q -values) to call significant were set as $1 \times 10^{-10}$ for physiology and $5 \times 10^{-3}$ for histology.


Figure S7, related to Figure 3. Transcriptome analysis for DS classification and kinetics
(A) Area under ROC curves from elastic net classifiers for each DS using either liver or kidney transcriptome data. (B) Transcriptional activity of GO terms 'cellular responses to individual proinflammatory cytokines (TNF, IFN- $\gamma$, IL-1)' against each DS. (C) Dendrogram of the six DSs which showed substantial liver transcriptome changes. Nodes A-E corresponds to multiple DSs. (D) Number of activated and suppressed pathways in each node (individual DS or multiple DSs). (E) Examples of 12 pathways and the corresponding nodes in which they were activated or suppressed. In some cases, such as suppression of rno00982 or rno04610, pathways were not assigned to any nodes because the pattern of activation/suppression did not uniquely match to any nodes.


Figure S8, related to Figure 4. Disease state dynamics
(A) DS retention. A heatmap showing the ratio of conditions which retain the same DSs between two consecutive time points. (B) The number of unique DSs caused by one condition is summarized. (C) Same as DS transition graph in Fig. 4B except that this one highlights changes to and from DS2 only.

A



B

D

| Pathway names (ID) | $\begin{array}{c}\text { Rank } \\ \text { (correlation) }\end{array}$ | $\begin{array}{c}\text { Spearman } \\ \text { 'Fer.res' }\end{array}$ |  | 'Fer.sen' |
| :--- | :---: | :---: | :---: | :---: | \(\left.\begin{array}{c}Activity score <br>

in DS2\end{array}\right]\)

Figure S9, related to Figure 5. Induced drug tolerance is partly due to resistance to ferroptosis
(A) Enrichment of all drug metabolizing enzymes as well as NAD $(P) H$ and GSH utilizng ones among activated genes in DS2. (B) Overlap between ferroptosis resistant signature and tolerance-associated pathways upregulated in DS2. p-value was calculated with one-sided Fisher's exact test. (C) Spearman correlation coefficients of pathway activities between 914 GO and KEGG pathways and Fer-sen or Fer-res. Red points correspond to the 14 pathways specifically upregulated in DS2 and their activity scores in DS2. Grey points corresponds to the other pathways. (D) Spearman correlation coefficients of the 14 DS2-specifically upregulated pathways against Fer-sen and Fer-res.



E

| with synthetic hormones Latent variables (Igf1 activities): |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | Estimate | Std.err | z-value | $P(>\|z\|)$ |
| Liver | Igf1 | 1.000 |  |  |  |
|  | Igfals | 1.785 | 0.162 | 11.045 | 0.000 |
|  | Igfbp1 | -4.315 | 0.512 | -0.842 | 0.000 |
|  | lgfbp2 | -3.164 | 0.342 | -9.240 | 0.000 |
| Kidney | Igf1 | 1.000 |  |  |  |
|  | Igfals | 0.714 | 0.232 | 3.070 | 0.002 |
|  | lgfbp1 | -7.088 | 3.518 | -2.015 | 0.044 |
|  | Igfbp2 | 0.281 | 0.113 | 2.486 | 0.013 |



F

| without synthetic hormones <br> Latent variables (lgf1 activities): <br> Estimate | Std.err | z-value | P(>zzl) |  |  |
| :--- | ---: | :--- | :--- | :--- | :--- |
| Liver | Igf1 | 1.000 |  |  |  |
|  | Igfals | 2.202 | 0.210 | 10.498 | 0.000 |
|  | Igfbp1 | -4.123 | 0.684 | -6.024 | 0.000 |
|  | Igfbp2 | -4.196 | 0.452 | -9.276 | 0.000 |
| Kidney | Igf1 | 1.000 |  |  |  |
|  | Igfals | 1.023 | 0.217 | 4.725 | 0.000 |
|  | Igfbp1 | -2.357 | 0.449 | -5.252 | 0.000 |
|  | lgfbp2 | -0.305 | 0.112 | -2.726 | 0.006 |

D


Cumulative Igf1 activity (liver)

H


K

|  | tissue | Estimate | Std. Error | t value | $\operatorname{Pr}(>\mid \mathbf{t l})$ |
| :---: | :---: | :---: | :---: | :---: | :---: |
| All | liver | -2.31 | 0.22 | -10.72 | $3.72 \mathrm{E}-24$ |
|  | kidney | -2.28 | 0.29 | -7.94 | $1.51 \mathrm{E}-14$ |
| tolerance | liver | -2.71 | 0.24 | -11.52 | $3.68 \mathrm{E}-27$ |
|  | kidney | -0.34 | 0.79 | -0.43 | $6.64 \mathrm{E}-01$ |
| liver inj. | liver | -3.22 | 1.24 | -2.60 | $9.55 \mathrm{E}-03$ |
|  | kidney | -2.50 | 0.89 | -2.81 | $5.16 \mathrm{E}-03$ |
| kidney inj. | liver | -4.73 | 1.91 | -2.48 | $1.33 \mathrm{E}-02$ |
|  | kidney | -3.77 | 0.57 | -6.64 | $8.68 \mathrm{E}-11$ |
| bleeding | liver | -2.01 | 4.13 | -0.49 | $6.27 \mathrm{E}-01$ |
|  | kidney | -3.35 | 2.93 | -1.14 | $2.53 \mathrm{E}-01$ |
| non injury | liver | -0.86 | 0.45 | -1.90 | $5.86 \mathrm{E}-02$ |
|  | kidney | -0.87 | 0.45 | -1.95 | $5.19 \mathrm{E}-02$ |



Gdf15 expression (liver)

J Tissue expression of Gdf15 and DSs


Gdf15 expression vs food consumption


Gdf15 expression vs food consumption


Figure S10, related to Figure 6. Mechanism of body weight loss
(A) Food consumption data were stratified by disease states at five time points. Note that no conditions took tolerance on Day 1.
(B) Relationship between food consumption and blood glucose level (GLC). Linear regression on each time point were also plotted. Cyclosporine A treaments were omitted from the plots because they gave high GLC outliers, but they were used for linear regression computation. (C) Spearman correlations of each gene's expression with food consumption at five time points (1, 4, 8, 15, 29 days). Correlations were computed among 337 and 95 conditions (compounds and doses) in liver and kidney, respectively. (D) Cumulative Igf1 activity computed by using latent variable modeling. The modeling was performed in the same way as Fig. 6G but synthetic hormone treatments ( $6 / 91$ treatments) were excluded. Points were color coded by body weight change on 29 day. (E-F) Contributions of four genes for computing Igf1 activity of corresponding tissues. The model was fit on the body weight and expression data (E) with or (F) without synthetic hormone data. (H-I) (H) liver or (I) kidney expression of Gdf15 and food consumption was plotted. Points were color coded by time points (left) and disease states (right). Conditions treated with synthetic hormones were marked by x (otherwise filled circles). (J) Gdf15's expression in liver and kidney are plotted. Points are color coded by disease states. Synthetic hormones are marked by x ( (K-L) Summary of multivariate linear regresion of food consumption on liver and kidney Gdf15 expressions. Regression was computed using data (K) including synthetic hormone treatments, or (L) excluding them. In both, p -values lower than $10^{-5}$ were highlighted in bold letters.

