

IMMEDIATE COMMUNICATION

Understanding and predicting suicidality using a combined genomic and clinical risk assessment approach

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Worldwide, one person dies every 40 seconds by suicide, a potentially preventable tragedy. A limiting step in our ability to intervene is the lack of objective, reliable predictors. We have previously provided proof of principle for the use of blood gene expression biomarkers to predict future hospitalizations due to suicidality, in male bipolar disorder participants. We now generalize the discovery, prioritization, validation, and testing of such markers across major psychiatric disorders (bipolar disorder, major depressive disorder, schizoaffective disorder, and schizophrenia) in male participants, to understand commonalities and differences. We used a powerful within-participant discovery approach to identify genes that change in expression between no suicidal ideation and high suicidal ideation states ($n = 37$ participants out of a cohort of 217 psychiatric participants followed longitudinally). We then used a convergent functional genomics (CFG) approach with existing prior evidence in the field to prioritize the candidate biomarkers identified in the discovery step. Next, we validated the top biomarkers from the prioritization step for relevance to suicidal behavior, in a demographically matched cohort of suicide completers from the coroner's office ($n = 26$). The biomarkers for suicidal ideation only are enriched for genes involved in neuronal connectivity and schizophrenia, the biomarkers also validated for suicidal behavior are enriched for genes involved in neuronal activity and mood. The 76 biomarkers that survived Bonferroni correction after validation for suicidal behavior map to biological pathways involved in immune and inflammatory response, mTOR signaling and growth factor regulation. mTOR signaling is necessary for the effects of the rapid-acting antidepressant agent ketamine, providing a novel biological rationale for its possible use in treating acute suicidality. Similarly, MAOB, a target of antidepressant inhibitors, was one of the increased biomarkers for suicidality. We also identified other potential therapeutic targets or biomarkers for drugs known to mitigate suicidality, such as omega-3 fatty acids, lithium and clozapine. Overall, 14% of the top candidate biomarkers also had evidence for involvement in psychological stress response, and 19% for involvement in programmed cell death/cellular suicide (apoptosis). It may be that in the face of adversity (stress), death mechanisms are turned on at a cellular (apoptosis) and organismal level. Finally, we tested the top increased and decreased biomarkers from the discovery for suicidal ideation (CADM1, CLIP4, DTNA, KIF2C), prioritization with CFG for prior evidence (SAT1, SKA2, SLC4A4), and validation for behavior in suicide completers (IL6, MBP, JUN, KLHDC3) steps in a completely independent test cohort of psychiatric participants for prediction of suicidal ideation ($n = 108$), and in a future follow-up cohort of psychiatric participants ($n = 157$) for prediction of psychiatric hospitalizations due to suicidality. The best individual biomarker across psychiatric diagnoses for predicting suicidal ideation was SLC4A4, with a receiver operating characteristic (ROC) area under the curve (AUC) of 72%. For bipolar disorder in particular, SLC4A4 predicted suicidal ideation with an AUC of 93%, and future hospitalizations with an AUC of 70%. SLC4A4 is involved in brain extracellular space pH regulation. Brain pH has been implicated in the pathophysiology of acute panic attacks. We also describe two new clinical information apps, one for affective state (simplified affective state scale, SASS) and one for suicide risk factors (Convergent Functional Information for Suicide, CFI-S), and how well they predict suicidal ideation across psychiatric diagnoses (AUC of 85% for SASS, AUC of 89% for CFI-S). We hypothesized *a priori*, based on our previous work, that the integration of the top biomarkers and the clinical information into a universal predictive measure (UP-Suicide) would show broad-spectrum predictive ability across psychiatric diagnoses. Indeed, the UP-Suicide was able to predict suicidal ideation across psychiatric diagnoses with an AUC of 92%. For bipolar disorder, it predicted suicidal ideation with an AUC of 98%, and future hospitalizations with an AUC of 94%. Of note, both types of tests we developed (blood biomarkers and clinical information apps) do not require asking the individual assessed if they have thoughts of suicide, as individuals who are truly suicidal often do not share that information with clinicians. We propose that the widespread use of such risk prediction tests as part of routine or targeted healthcare assessments will lead to early disease interception followed by preventive lifestyle modifications and proactive treatment.

Molecular Psychiatry advance online publication, 18 August 2015; doi:10.1038/mp.2015.112

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Received 24 April 2015; revised 25 June 2015; revised 29 June 2015

INTRODUCTION

'Do the difficult things while they are easy and do the great things while they are small'.
- Lao Tzu

Predicting suicidal behavior in individuals is one of the hard problems in psychiatry, and in society at large. Improved, objective, and quantitative ways to do it are needed. One cannot always ask individuals if they are suicidal, as desire not to be stopped or future impulsive changes of mind may make their self-report of feelings, thoughts and plans to be unreliable. We had previously provided proof of principle of how first generation blood biomarkers for suicide discovered in male bipolar participants, alone or in combination with clinical symptoms data for anxiety and mood, could have predictive ability for future hospitalizations for suicidality. We now present comprehensive new data for discovery, prioritization, validation, and testing of next-generation broad-spectrum blood biomarkers for suicidal ideation (SI) and behavior, across psychiatric diagnoses. We also describe two clinical information questionnaires in the form of apps, one for affective state (Simplified Affective State Scale, SASS) and one for suicide risk factors (Convergent Functional Information for Suicide, CFI-S), and show their utility in predicting suicidality. Both these instruments do not directly ask about SI. Lastly, we demonstrate how our *a priori* primary end point, a comprehensive universal predictor for suicide (UP-Suicide), composed of the combination of top biomarkers (from discovery, prioritization and validation), along with CFI-S, and SASS, predicts in independent test cohorts SI and future psychiatric hospitalizations for suicidality.

MATERIALS AND METHODS

Human participants

We present data from four cohorts: one live psychiatric participants discovery cohort; one post-mortem coroner's office validation cohort; and two live psychiatric participants test cohorts—one for predicting SI and one for predicting future hospitalizations for suicidality (Figure 1).

The live psychiatric participants are part of a larger longitudinal cohort being collected and studied by us. Participants are recruited from the patient population at the Indianapolis VA Medical Center. The participants are recruited largely through referrals from care providers, the use of brochures left in plain sight in public places and mental health clinics, and through word of mouth. All participants understood and signed informed consent forms detailing the research goals, procedure, caveats and safeguards. Participants completed diagnostic assessments by an extensive structured clinical interview—Diagnostic Interview for Genetic Studies—at a baseline visit, followed by up to six testing visits, 3–6 months apart or whenever a hospitalization occurred. At each testing visit, they received a series of psychiatric rating scales, including the Hamilton Rating Scale for Depression-17, which includes a suicidal ideation (SI) rating item (Figure 2), and the blood was drawn. Whole blood (10 ml) was collected in two RNA-stabilizing PAXgene tubes, labeled with an anonymized ID number, and stored at -80°C in a locked freezer until the time of future processing. Whole-blood (predominantly lymphocyte) RNA was extracted for microarray gene expression studies from the PAXgene tubes, as detailed below. We focused this study on a male population because of the demographics of our catchment area (primarily male in a VA Medical Center), and to minimize any potential gender-related effects on gene expression, which would have decreased the discriminative power of our analysis given our relatively small sample size.

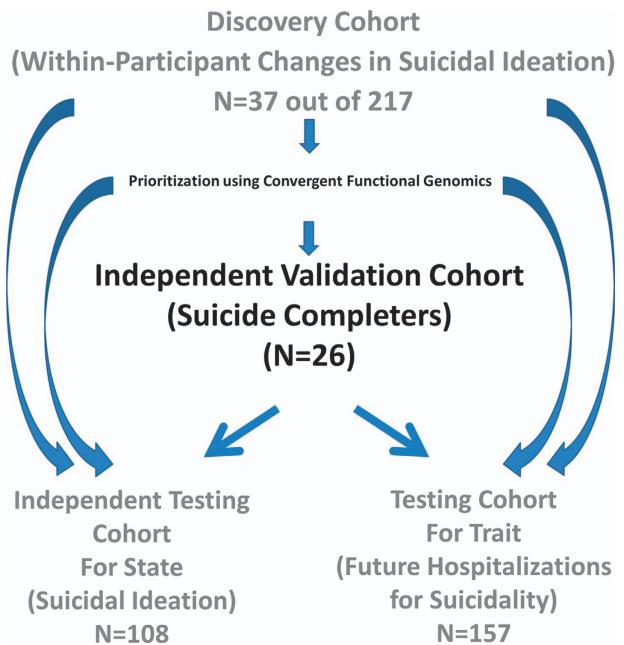


Figure 1. Cohorts used in study depicting flow of discovery, prioritization, validation and testing of biomarkers from each step.

Our within-participant discovery cohort, from which the biomarker data were derived, consisted of 37 male participants with psychiatric disorders, with multiple visits in our laboratory, who each had at least one diametric change in SI scores from no SI to high SI from one testing visit to another testing visit. There was one participant with six visits, one participant with five visits, one participant with four visits, 23 participants with three visits each, and 11 participants with two visits each, resulting in a total of 106 blood samples for subsequent microarray studies (Figure 2 and Table 1).

Our post-mortem cohort, in which the top biomarker findings were validated, consisted of a demographically matched cohort of 26 male violent suicide completers obtained through the Marion County coroner's office (Table 1 and Supplementary Table S2). We required a last observed alive post-mortem interval of 24 h or less, and the cases selected had completed suicide by means other than overdose, which could affect gene expression. Fifteen participants completed suicide by gunshot to head or chest, nine by hanging, one by electrocution and one by slit wrist. Next of kin signed informed consent at the coroner's office for donation of blood for research. The samples were collected as part of our INBRAIN initiative (Indiana Center for Biomarker Research in Neuropsychiatry).

Our independent test cohort for predicting SI (Table 1) consisted of 108 male participants with psychiatric disorders, demographically matched with the discovery cohort, with one or multiple testing visits in our laboratory, with either no SI, intermediate SI, or high SI, resulting in a total of 223 blood samples in whom whole-genome blood gene expression data were obtained (Table 1 and Supplementary Table S1).

Our test cohort for predicting future hospitalizations (Table 1 and Supplementary Table S1) consisted of male participants in whom whole-genome blood gene expression data were obtained by us at testing visits over the years as part of our longitudinal study. If the participants had multiple testing visits, the visit with the highest marker (or combination of markers) levels was selected for the analyses (so called "high watermark" or index visit). The participants' subsequent number of psychiatric hospitalizations, with or without suicidality, was tabulated from electronic medical records. All participants had at least 1 year of

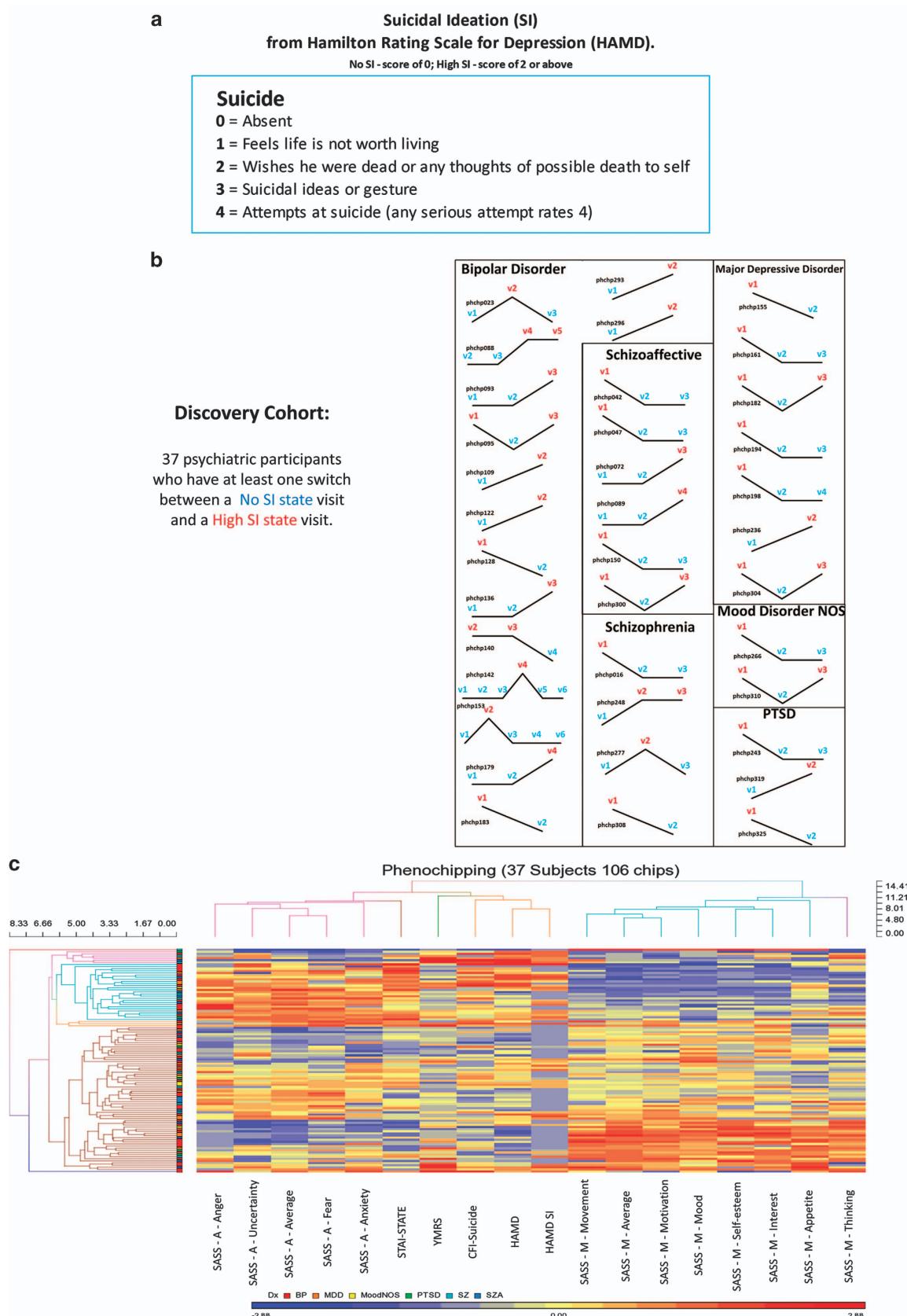


Figure 2. Discovery cohort: longitudinal within-participant analysis. Phchp### is study ID for each participant. V# denotes visit number (1, 2, 3, 4, 5 or 6). (a) Suicidal ideation (SI) scoring. (b) Participants and visits. (c) PhenoChipping: two-way unsupervised hierarchical clustering of all participant visits in the discovery cohort vs 18 quantitative phenotypes measuring affective state and suicidality. A—anxiety items (anxiety, uncertainty, fear, anger, average). M—mood items (mood, motivation, movement, thinking, self-esteem, interest, appetite, average). SASS, simplified affective state scale; STAI-STATE, state trait anxiety inventory, state subscale; YMRS, Young Mania Rating Scale.

Table 1. Cohorts used in study

	Subjects	Diagnosis	Ethnicity	Age mean s.d.	T-test for age	
Discovery cohort (within-participant changes in suicidal ideation)	37	BP = 15 MDD = 7 SZA = 6 SZ = 4 PTSD = 3 Mood NOS = 2	EA = 29 AA = 8 Other = 0	47.25 8.59		
Independent validation cohort-gene expression (suicide completers)	26	NP = 13 MDD = 8 BP = 2 SZ = 1 AX = 1 Alcoholism = 1	EA = 21 AA = 4 Other = 1	40.81 17.47	T-test for age with discovery cohort 0.114	
Independent validation cohort-CFI-S (suicide completers)	35	NP = 14 MDD = 16 BP = 2 SZ = 1 AX = 1 Alcoholism = 1	EA = 29 AA = 4 Other = 2	42.46 17.82	T-test for age with discovery cohort 0.156	
Independent testing cohort for state (suicidal ideation)	108	No SI BP = 17 MDD = 17 SZA = 19 SZ = 20 Intermediate SI BP = 5 MDD = 0 SZA = 3 SZ = 4 High SI BP = 7 MDD = 8 SZA = 6 SZ = 2	EA = 71 AA = 36 Other = 1	47.1 9.6 No SI = 47.8 High SI = 45.7	T-test for age between no and high SI 0.554	T-test for age with discovery cohort P = 0.919
Testing cohort for trait (first year hospitalizations for suicidality)	157 (No Hosp for Suicidality = 139 Hosp for Suicidality = 18)	No Hosp for Suicidality BP = 43 MDD = 20 SZA = 41 SZ = 35 Hosp for Suicidality BP = 7 MDD = 3 SZA = 3 SZ = 5	No hosp for SI EA = 90 AA = 47 Other = 2	49.6 9.5 No hosp for SI = 49.56 Hosp for SI = 49.92	T-test for age between no Hosp for suicidality and Hosp for suicidality 0.886	T-test for age with discovery cohort 0.149
Testing cohort for trait (all future hospitalizations for suicidality)	157 (No Hosp for Suicidality = 122 Hosp for Suicidality = 35)	No Hosp for Suicidality BP = 41 MDD = 20 SZA = 29 SZ = 32 Hosp for Suicidality BP = 9 MDD = 3 SZA = 15 SZ = 8	No hosp for Suicidality EA = 78 AA = 43 Other = 1	49.6 9.5 No Hosp for suicidality = 49.9 Hosp for suicidality = 48.4	T-test for age between no Hosp for suicidality and Hosp for suicidality 0.436	T-test for age with discovery cohort 0.149

Abbreviations: AX, anxiety disorder nos; BP, bipolar; CFI-S, Convergent Function Information for Suicide; MDD, major depressive disorder; NP, non-psychiatric; PTSD, post-traumatic stress disorder; SZA, schizoaffective; SZ, schizophrenia; SI, suicidal ideation.

follow-up or more at our VA Medical Center since the time of the testing visits in the laboratory. Participants were evaluated for the presence of future hospitalizations for suicidality, and for the frequency of such hospitalizations. A hospitalization was deemed to be without suicidality if suicidality was not listed as a reason for admission, and no SI was described in the admission and discharge medical notes. Conversely, a hospitalization was deemed to be because of suicidality if suicidal acts or intent

was listed as a reason for admission, and/or SI was described in the admission and discharge medical notes.

Medications

The participants in the discovery cohort were all diagnosed with various psychiatric disorders (Table 1). Their psychiatric medications were listed in their electronic medical records, and

documented by us at the time of each testing visit. The participants were on a variety of different psychiatric medications: mood stabilizers; antidepressants; antipsychotics; benzodiazepines; and others (data not shown). Medications can have a strong influence on gene expression. However, our discovery of differentially expressed genes was based on within-participant analyses, which factor out not only genetic background effects but also medication effects, as the participants had no major medication changes between visits. Moreover, there was no consistent pattern in any particular type of medication, or between any change in medications and SI, in the rare instances where there were changes in medications between visits.

Human blood gene expression experiments and analyses

RNA extraction. Whole blood (2.5–5 ml) was collected into each PaxGene tube by routine venipuncture. PaxGene tubes contain proprietary reagents for the stabilization of RNA. RNA was extracted and processed as previously described.¹

Microarrays. Biotin-labeled aRNAs were hybridized to Affymetrix HG-U133 Plus 2.0 GeneChips (Affymetrix; with over 40 000 genes and expressed sequence tags), according to the manufacturer's protocols. Arrays were stained using standard Affymetrix protocols for antibody signal amplification and scanned on an Affymetrix GeneArray 2500 scanner with a target intensity set at 250. Quality-control measures, including 30/50 ratios for glyceraldehyde 3-phosphate dehydrogenase and b-actin, scale factors and background, were within acceptable limits.

Analysis. We have used the participant's SI scores at the time of blood collection (0—no SI compared with 2 and above—high SI). We looked at gene expression differences between the no SI and the high SI visits, using a within-participant design, then an across participants summation (Figure 2).

Gene expression analyses in the discovery cohort

We analyzed the data in two ways: an absent–present (AP) approach, as in previous work by us on mood biomarkers² and on psychosis biomarkers,³ and a differential expression (DE) approach, as in previous work by us on suicide biomarkers.¹ The AP approach may capture turning on and off of genes, and the DE approach may capture gradual changes in expression. For the AP approach, we used Affymetrix Microarray Suite Version 5.0 (MAS5) to generate Absent (A), Marginal (M) or Present (P) calls for each probeset on the chip (Affymetrix U133 Plus 2.0 GeneChips) for all participants in the discovery cohort. For the DE approach we imported all Affymetrix microarray data as .cel files into Partek Genomic Suites 6.6 software package (Partek Incorporated, St Louis, MI, USA). Using only the perfect match values, we ran a robust multi-array analysis (RMA), background corrected with quantile normalization and a median polish probeset summarization, to obtain the normalized expression levels of all probesets for each chip. RMA was performed independently for each of the six diagnoses used in the study, to avoid potential artefacts due to different ranges of gene expression in different diagnoses.⁴ Then the participants' normalized data were extracted from these RMAs and assembled for the different cohorts used in the study.

A/P analysis. For the longitudinal within-participant AP analysis, comparisons were made within-participant between sequential visits to identify changes in gene expression from absent to present that track changes in phene expression (SI) from no SI to high SI. For a comparison, if there was a change from absent to present tracking a change from no SI to high SI, or a change from present to absent tracking a change from high SI to no SI, that was given a score of +1 (increased biomarker in high SI). If the change

was in opposite direction in the gene vs the phene (SI), that was given a score of –1 (decreased biomarker in High SI). If there was no change in gene expression between visits despite a change of phene expression (SI), or a change in gene expression between visits despite no change in phene expression (SI), that was given a score of 0 (not tracking as a biomarker). If there was no change in gene expression and no change in SI between visits, that was given a score of +1 if there was concordance (P-P with high SI-high SI, or A-A with no SI-no SI), or a score of –1 if there was the opposite (A-A with high SI-high SI, or P-P with no SI-no SI). If the changes were to M (moderate) instead of P, the values used were 0.5 or –0.5. These values were then summed up across the comparisons in each participant, resulting in an overall score for each gene/probeset in each participant. We also used a perfection bonus. If the gene expression perfectly tracked the SI in a participant that had at least two comparisons (three visits), that probeset was rewarded by a doubling of its overall score. Additionally, we used a non-tracking correction. If there was no change in gene expression in any of the comparisons for a particular participant, that overall score for that probeset in that participant was zero.

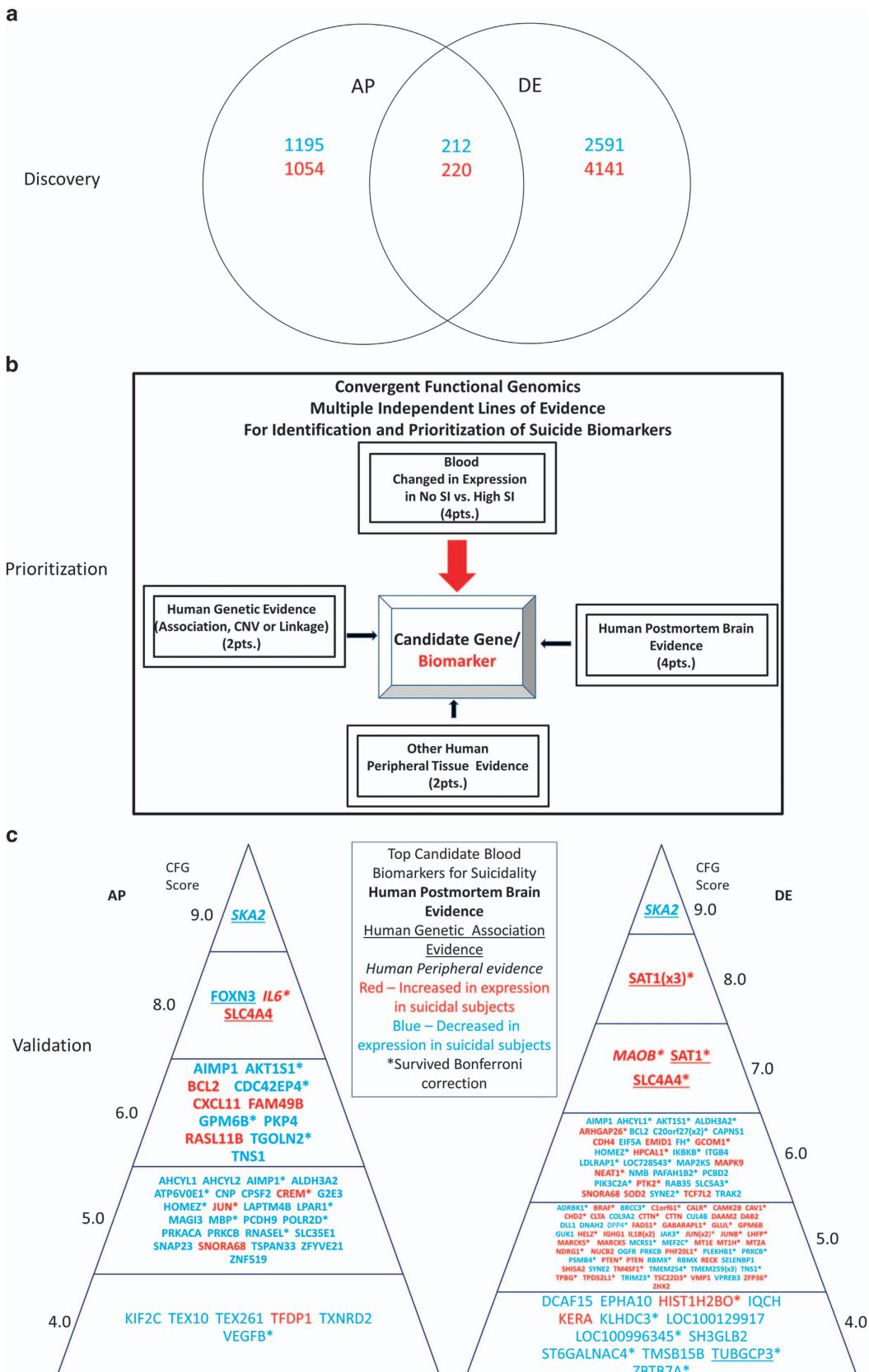
DE analysis. For the longitudinal within-participant DE analysis, fold changes (FC) in gene expression were calculated between sequential visits within each participant. Scoring methodology was similar to that used above for AP. Probesets that had a $FC \geq 1.2$ were scored +1 (increased in high SI) or –1 (decreased in high SI). $FC \geq 1.1$ were scored +0.5 or –0.5. FC lower than 1.1 were considered no change. The only difference between the DE and the AP analyses was when scoring comparisons where there was no phene expression (SI) change between visits and no change in gene expression between visits (FC lower than 1.1). In that case, the comparison received the same score as the nearest preceding comparison where there was a change in SI from visit to visit. If no preceding comparison with a change in SI was available, then it was given the same score as the nearest subsequent comparison where there was a change in SI. For DE also we used a perfection bonus and a non-tracking correction. If the gene expression perfectly tracked the SI in a participant that had at least two comparisons (three visits), that probeset was rewarded by a doubling of its score. If there was no change in gene expression in any of the comparisons for a particular participant, that overall score for that probeset in that participant was zero.

Internal score. Once scores within each participant were calculated, an algebraic sum across all participants was obtained, for each probeset. Probesets were then given internal points based upon these algebraic sum scores. Probesets with scores above the 33.3% of the distribution (for increased probesets and decreased probesets) received one point, those above 50% of the distribution received two points, and those above 80% of the distribution received four points. For AP analyses, we have 23 probesets which received four points, 581 probesets with two points, and 2077 probesets with one point, for a total of 2681 probesets. For DE analyses, we have 31 probesets which received four points, 1294 probesets with two points, and 5839 probesets with one point, for a total of 7164 probesets. The overlap between the two discovery methods is shown in Figure 3. Different probesets may be found by the two methods due to differences in scope (DE capturing genes that are present in both visits of a comparison, that is, PP, but are changed in expression), thresholds (what makes the 33.3% change cut-off across participants varies between methods), and technical detection levels (what is considered in the noise range varies between the methods).

In total, we identified 9413 probesets with internal convergent functional genomics (CFG) score of 1. Gene names for the probesets were identified using NetAffyx (Affymetrix) and Partek for Affymetrix HG-U133 Plus 2.0 GeneChips, followed by

GeneCards to confirm the primary gene symbol. In addition, for those probesets that were not assigned a gene name by NetAffyx or Partek, we used the UCSC Genome Browser to directly map

them to known genes, with the following limitations: (1) in case the probeset fell in an intron, that particular gene was assumed to be implicated; and (2) only one gene was assigned to each



probeset. Genes were then scored using our manually curated CFG databases as described below (Figure 3).

Convergent functional genomics

Databases. We have established in our laboratory (Laboratory of Neurophenomics, Indiana University School of Medicine, www.neurophenomics.info) manually curated databases of all the human gene expression (post-mortem brain, blood and cell cultures), human genetics (association, copy number variations and linkage) and animal model gene expression and genetic studies published to date on psychiatric disorders. Only the findings deemed significant in the primary publication, by the study authors, using their particular experimental design and thresholds, are included in our databases. Our databases include only primary literature data and do not include review papers or other secondary data integration analyses to avoid redundancy and circularity. These large and constantly updated databases have been used in our CFG cross validation and prioritization (Figure 3). For this study, data from 437 papers on suicide were present in the databases at the time of the CFG analyses.

Human post-mortem brain gene expression evidence. Converging evidence was scored for a gene if there were published reports of human post-mortem data showing changes in expression of that gene or changes in protein levels in brains from participants who died from suicide.

Human blood and other peripheral tissue gene expression data. Converging evidence was scored for a gene if there were published reports of human blood, lymphoblastoid cell lines, cerebrospinal fluid or other peripheral tissue data showing changes in expression of that gene or changes in protein levels in participants who had a history of suicidality or who died from suicide.

Human genetic evidence (association and linkage). To designate convergence for a particular gene, the gene had to have independent published evidence of association or linkage for suicide. For linkage, the location of each gene was obtained through GeneCards (<http://www.genecards.org>), and the sex averaged cM location of the start of the gene was then obtained through <http://compgen.rutgers.edu/mapinterpolator>. For linkage convergence, the start of the gene had to map within 5 cM of the location of a marker linked to the disorder.

CFG scoring. For CFG analysis (Figure 3), the external cross-validating lines of evidence were weighted such that findings in human post-mortem brain tissue, the target organ, were prioritized over peripheral tissue findings and genetic findings, by giving them twice as many points. Human brain expression evidence was given four points, whereas human peripheral evidence was given two points, and human genetic evidence was given a maximum of two points for association, and one point for linkage. Each line of evidence was capped in such a way that any positive findings within that line of evidence result in maximum points, regardless of how many different studies support that single line of evidence, to avoid potential popularity

biases. In addition to our external CFG score, we also prioritized genes based upon the initial gene expression analyses used to identify them. Probesets identified by gene expression analyses could receive a maximum of four points. Thus, the maximum possible total CFG score for each gene was 12 points (four points for the internal score and eight points for the external CFG score) (Table 2). The scoring system was decided upon before the analyses were carried out. We sought to give twice as much weight to external score as to internal in order to increase generalizability and avoid fit to cohort of the prioritized genes.⁵ It has not escaped our attention that other ways of scoring the lines of evidence may give slightly different results in terms of prioritization, if not in terms of the list of genes *per se*. Nevertheless, we feel this simple scoring system provides a good separation of genes based on gene expression evidence and on independent cross-validating evidence in the field (Figure 3). In the future, with multiple large data sets, machine learning approaches could be used and validated to assign weights to CFG.

Pathway analyses

IPA 9.0 (Ingenuity Systems, www.ingenuity.com, Redwood City, CA, USA), GeneGO MetaCore (Encinitas, CA, USA), and Kyoto Encyclopedia of Genes and Genomes (KEGG) (through the Partek Genomics Suite 6.6 software package) were used to analyze the biological roles, including top canonical pathways, and diseases, of the candidate genes resulting from our work, as well as to identify genes in our data set that are the target of existing drugs (Table 3 and Supplementary Table S3). We ran the analyses together for all the AP and DE probesets with a total CFG score ≥ 4 , then for those of them that showed stepwise change in the suicide completers validation cohort, then for those of them that were nominally significant, and finally for those of them that survived Bonferroni correction.

Validation analyses

For validation of our candidate biomarker genes, we examined which of the top candidate genes (CFG score of 4 or above) were stepwise changed in expression from the no SI group to the high SI group to the suicide completers group. We used an empirical cut-off of 33.3% of the maximum possible CFG score of 12, which also permits the inclusion of potentially novel genes with maximal internal CFG score but no external CFG score. Statistical analyses were performed in SPSS using one-way analysis of variance and Bonferroni corrections.

For the AP analyses, we imported the Affymetrix microarray data files from the participants in the validation cohort of suicide completers into MASS, alongside the data files from the participants in the discovery cohort.

For the DE analyses, we imported .cel files into Partek Genomic Suites. We then ran a RMA, background corrected with quantile normalization, and a median polish probeset summarization of all the chips from the validation cohort to obtain the normalized expression levels of all probesets for each chip. Partek normalizes expression data into a log base of 2 for visualization purposes. We non-log-transformed expression data by taking 2 to the power of the transformed expression value. We then used the non-log-



Figure 3. Biomarker discovery, prioritization and validation. (a) Discovery—number of probesets carried forward from the absent–present and differential expression analyses, with an internal score of 1 and above. Red-increased in expression in high suicidal ideation, blue-decreased in expression in high suicidal ideation. (b) Prioritization—convergent functional genomics integration of multiple lines of evidence to prioritize suicide-relevant genes from the discovery step. (c) Validation—top convergent functional genomics genes, with a total score of 4 and above, validated in the cohort of suicide completers. All the genes shown were significantly changed in analysis of variance from no suicidal ideation to high suicidal ideation to suicide completers. *Survived Bonferroni correction. SAT1 (x3) had three different probesets with the same total score of 8.

Table 2. Top biomarkers for suicidality from discovery, prioritization and validation

Gene symbol/gene name	Probesets	Discovery (change) method/ score	Prior human genetic evidence	Prior human brain expression evidence	Prior human peripheral expression evidence	Total CFG score For suicide	Prioritization CFG score For suicide	Validation ANOVA P-value	Comment
SKA2 spindle and kinetochore associated complex subunit 2	225686_at	(D) DE/1 AP/1	Suicide ¹⁵	(D) PFC ¹⁵	(D) Methylation ¹⁵ in blood ¹⁵	9	0.006	Top Decreased BioM In prioritization from AP and DE	
IL6 interleukin 6 (interferon, beta 2)	205207_at	(I) AP/2		(I) PFC ²⁷ Hippocampus ²⁸	(I) CSF ^{29,30} (D) Blood ³¹	8	1.44e-08	Top Increased BioM in Validation from AP	
SAT1 spermidine/spermine N1-acetyltransferase 1	213988_s_at 210592_s_at 230333_at 203455_s_at	(I) DE/2 DE/1	Suicide ^{32,33}	(I) PFC BA46 ¹²	(I) Blood ¹	8	1.08e-44	Top Increased BioM in Prioritization from DE	
SLC4A4 solute carrier family 4 (sodium bicarbonate cotransporter), member 4	211494_s_at 210739_x_at	(I) AP/2 DE/1	Suicide ³⁴	(D) PFC BA46/10 ³⁵		8	1.24e-40	Top Increased BioM in Prioritization from DE	
JUN jun proto-oncogene	201464_X_at 213281_at 201166_s_at	(I) DE/1 AP/1		(D) Hipp ³⁶		5	3.09e-38	Top biomarker in our previous work	
MBP myelin basic protein	225408_at	(D) AP/1		(I) NAC ¹¹		5	5.84e-05	Top Increased BioM in Prioritization from AP	
CADM1 cell adhesion molecule 1	237759_at	(I) DE/4				5	2.63e-51	Top Increased BioM in Validation from DE	
CLIP4 CAP-GLY domain containing linker protein family, member 4	2119944_at	(D) DE/4				4	2.21e-08	Top Increased BioM in Validation from AP	
DTN4 dystrobrevin, alpha	211493_X_at		(I) AP/4			4	6.74e-10	Top Decreased BioM in Validation from AP	
KIF2C kinesin family member 2C	211519_s_at	(D) AP/4				4	1.02e-41	Top Increased BioM in Discovery from DE	
KLHD3 kelch domain containing 3	214383_X_at	(D) DE/4		(D) Blood ¹		4	NC	Top Decreased BioM in Discovery from DE	
MAOB monoamine oxidase B	204041_at	(I) DE/1		(I) PFC ³⁷	(D) Blood ³⁸	4	NC	Top Increased BioM in Discovery from AP	
MARC/S myristoylated alanine-rich protein kinase C substrate homolog	213002_at 201670_s_at	(I) DE/1		(I) Hipp_PFC ³⁹ PFC ⁴⁰	(I) Blood ¹	4	0.00056	Top Decreased BioM in Discovery from AP	
PTEN phosphatase and tensin homolog	204053_X_at 222176_at	(I) DE/1		(I) PFC, Hipp ^{41,42}	(I) Blood ¹	5	7.66e-17; 0.0003	A top biomarker in our previous study	

Abbreviations: ANOVA, analysis of variance; AP, absent-present; CFG, convergent functional genomics; CSF, cerebrospinal fluid; DE, differential expression; SI, suicidal ideation. Bolded P-values are Bonferroni significant. NC—Non-concordant-not stepwise from no SI to high SI to suicide completers.

Table 3. Biological pathways and diseases

A						B					
Ingenuity pathways			KEGG pathways			GeneGO pathways					
#	Top canonical pathways	P-value	Ratio	Pathway name	Enrichment score	Enrichment P-value	Process networks		Ratio	P-value	
<i>Prioritization CFG score ≥ 4 (n = 412 genes)</i>											
1 G-protein coupled receptor signaling	6.27e-14	10.6%	28/264	GABAergic synapse	10.8524	1.94e-05	Cell adhesion_Amyloid proteins	27/195	4.78E-09		
2 cAMP-mediated signaling	2.04e-11	10.3%	23/223	Amoebiasis	10.7231	2.20e-05	Reproduction_Gonadotropin regulation	27/199	7.49E-09		
3 Glucocorticoid receptor signaling	6.84e-11	8.9%	25/281	Melanogenesis	10.2992	3.37e-05	Reproduction_GnRH signaling pathway	22/166	3.00E-07		
4 CREB signaling in neurons	1.01e-10	11.2%	20/179	Pathogenic Escherichia coli infection	9.03249	0.000119	Development_Hedgehog signaling	28/254	3.65E-07		
5 Cardiac hypertrophy signaling	2.88e-10	9.5%	22/232	Chemokine signaling pathway	8.82088	0.000148	Cytoskeleton_Regulation of cytoskeleton rearrangement	23/183	4.22E-07		
<i>Validation stepwise (n = 204 genes)</i>											
1 B-cell receptor signaling	1.01e-08	7.2%	13/181	Focal adhesion	10.5307	2.67e-05	Signal transduction_WNT signaling	19/177	8.10E-10		
2 Ovarian cancer signaling	3.31e-08	8.3%	11/133	Colorectal cancer	10.3054	3.35e-05	Cell cycle_G1-S Growth factor regulation	18/195	2.62E-08		
3 Glucocorticoid receptor signaling	3.97e-08	5.3%	15/281	GABAergic synapse	8.60276	0.000184	Reproduction_Gonadotropin regulation	18/199	3.60E-08		
4 Colorectal cancer metastasis signaling	4.00e-08	5.8%	14/241	mTOR signaling pathway	8.47678	0.000208	Neurophysiological process_Transmission of nerve impulse	16/166	9.05E-08		
5 G12/13 signaling	1.12e-07	8.5%	10/118	Chagas disease (American trypanosomiasis)	7.66796	0.000468		18/212	9.58E-08		
<i>Validation nominally significant (n = 143 genes)</i>											
1 B-cell receptor signaling	1.95e-07	5.5%	10/181	Focal adhesion	8.91242	0.000135	Cell cycle_G1-S Growth factor regulation	16/195	3.62E-09		
2 Cholecystokinin/gastrin-mediated signaling	3.18e-07	7.2%	8/106	mTOR signaling pathway	8.34274	0.000238	Inflammation_Histamine signaling	14/213	6.04E-07		
3 G12/13 signaling	7.25e-07	6.8%	8/118	Wnt signaling pathway	7.1443	0.000789	Signal transduction_WNT signaling	12/177	2.99E-06		
4 Glucocorticoid receptor signaling	1.46e-06	3.9%	11/281	Amphetamine addiction	6.67296	0.001265	Cell cycle_G1-S Interleukin regulation	10/128	6.05E-06		
5 Ovarian cancer signaling	1.80e-06	6.0%	8/133	Neurotrophin signaling pathway	6.54296	0.00144	Cell adhesion_Amyloid proteins	12/195	8.17E-06		
<i>Validation Bonferroni significant (n = 76 genes)</i>											
1 B-cell receptor signaling	2.38e-06	3.9%	7/181	mTOR signaling pathway	11.496	1.02E-05	Cell cycle_G1-S Growth factor regulation	9/195	2.34E-05		
2 G12/13 signaling	2.70e-06	5.1%	6/118	Arginine and proline metabolism	8.02409	0.000327	Reproduction_Gonadotropin regulation	8/199	1.82E-04		
3 IL-17A signaling in airway cells	2.71e-06	7.6%	5/66	Focal adhesion	7.79535	0.000412	Inflammation_II-4 signaling	6/115	3.12E-04		
4 IL-8 signaling	3.06e-06	3.7%	7/188	Pathways in cancer	7.05537	0.000863	Cell cycle_G1-S Interleukin regulation	6/128	5.55E-04		
5 Integrin signaling	4.76e-06	3.5%	7/201	Renal cell carcinoma	6.07809	0.002293	Inflammation_IL-12,15,18 signaling	4/59	1.28E-03		
<i>Validation stepwise (n = 204 genes)</i>											
1 Organismal injury and abnormalities											
2 Cancer											
3 Neurological disease											
4 Psychological disorders											
5 Organismal injury and abnormalities											
<i>Validation stepwise (n = 204 genes)</i>											
1 Organismal injury and abnormalities	s 2.11e-04—1.23e-13				178		Psychiatry and psychology	1.77e-23	76/1919		
2 Cancer	2.20e-04—5.41e-13				176		Mental disorders	1.23e-21	67/1614		
3 Neurological disease	1.31e-04—1.07e-12				81		Mood disorders	4.02e-21	47/797		
4 Psychological disorders	1.31e-04—1.07e-12				63		Depressive disorder, major	1.06e-18	37/546		
5 Tumor morphology	1.87e-04—1.83e-12				38		Depressive disorder	2.44e-18	37/560		

#	Diseases and disorders	Ingenuity		GeneGO		Ratio
		P-value	# Molecules	Diseases	P-value	
<i>Validation nominally significant (n = 143 genes)</i>						
1	Cancer	4.75e-04—2.43e-12	122	Wounds and injuries	2.49e-17	39/993
2	Organismal injury and abnormalities	4.75e-04—2.43e-12	123	Colonic diseases	2.52e-13	77/4479
3	Tumor morphology	2.27e-04—2.43e-12	31	Psychiatry and psychology	5.32e-13	47/1919
4	Cardiovascular disease	4.28e-04—1.25e-09	36	Connective tissue diseases	8.73e-13	50/2177
5	Developmental disorder	2.27e-04—1.25e-09	28	Pathologic processes	1.75e-12	56/2709
<i>Validation Bonferroni significant (n = 76 genes)</i>						
1	Cancer	1.27e-03—1.06e-10	68	Wounds and injuries	3.16e-15	27/993
2	Organismal injury and abnormalities	1.27e-03—1.06e-10	68	Pathologic processes	6.22e-13	39/2709
3	Tumor morphology	8.81e-04—1.65e-10	22	Psychiatry and psychology	6.32e-13	33/1919
4	Cardiovascular disease	8.32e-04—4.02e-10	24	Mood disorders	1.35e-12	22/797
5	Developmental disorder	1.11e-03—4.02e-10	21	Mental disorders	1.41e-12	30/1614

Abbreviations: CFI-S, convergent functional genomics; KEGG, Kyoto Encyclopedia of Genes and Genomes.

transformed expression data to compare expression levels of biomarkers in the different groups (Supplementary Figure S1).

Clinical measures

The Simplified Affective State Scale (SASS) is an 11 item scale for measuring mood and anxiety, previously developed and described by us as TASS (Total Affective State Scale).⁶ The SASS has a set of 11 visual analog scales (7 for mood, 4 for anxiety) that ends up providing a number ranging from 0 to 100 for mood state, and the same for anxiety state. We have now developed an Android app version (Supplementary Figure S2).

CFI-S (Table 4) is a new 22 item scale and Android app (Supplementary Figure S2) for suicide risk, which integrates, in a simple binary fashion (yes-1, no-0), similar to a polygenic risk score, information about known life events, mental health, physical health, stress, addictions and cultural factors that can influence suicide risk.^{7,8} For live psychiatric participants, the scale was administered at participant testing visits ($n = 57$), or scored based on retrospective electronic medical record information and Diagnostic Interview for Genetic Testing (DIGS) information ($n = 269$). For suicide completers ($n = 35$), the scale was based on answers provided by next-of-kin, and corroborated by coroner's office reports and medical record information. When information was not available for an item, it was not scored (NA).

Combining gene expression and clinical measures

The UP-Suicide construct was decided upon as part of our *a priori* study design to be broad-spectrum, and combine our top biomarkers from each step (discovery, prioritization, validation) with the phenomic (clinical) markers (SASS and CFI-S). That was our primary end point. Had we done it *post hoc* with only the markers that showed the best predictive ability in our testing analyses, the results would be even better, but not independent.

Testing analyses

The test cohort for SI and the test cohort for future hospitalizations analyses were assembled out of data that was RMA normalized by diagnosis. Phenomic (clinical) and gene expression markers used for predictions were z scored by diagnosis, to be able to combine different markers into panels and to avoid potential artefacts due to different ranges of gene expression and gene expression in different diagnoses. Markers were combined by computing the average of the increased risk markers minus the average of the decreased risk markers. Predictions were performed using R-studio.

Predicting suicidal ideation. Receiver-operating characteristic (ROC) analyses between marker levels and SI were performed by assigning participants with a HAMD-SI score of 0–1 into the no SI category, and participants with a HAMD-SI score of 2 and greater into the SI category. Additionally, analysis of variance was performed between no (HAMD-SI 0), intermediate (HAMD-SI 1), and high SI participants (HAMD-SI 2 and above) and Pearson R (one-tail) was calculated between HAMD-SI scores and marker levels (Table 5b and Figure 5).

Predicting future hospitalizations for suicidality. We conducted analyses for hospitalizations in the first year following testing, on the participants for which we had at least a year of follow-up data. For each participant in the test cohort for future hospitalizations, the study visit with highest levels for the marker or combination of markers was selected as index visit (or with the lowest levels, in the case of decreased markers). ROC analyses between marker levels and future hospitalizations were performed based on assigning if participants had been hospitalized for suicidality (ideation, attempts) or not following the index testing visit. Additionally, a one-tailed t-test with unequal variance was performed

Table 4. Convergent Functional Information for Suicide (CFI-S) Scale

Items	Yes	No	NA	Domain	Type
					Increased Reasons (IR) Decreased Barriers (DB)
1. Psychiatric illness diagnosed and treated				Mental health	IR
2. With poor treatment compliance				Mental health	DB
3. Family history of suicide in blood relatives				Mental health	IR
4. Personally knowing somebody who committed suicide				Cultural factors	DB
5. History of abuse: physical, sexual, emotional, neglect				Life satisfaction	IR
6. Acute/severe medical illness, including acute pain ("I just can't stand this pain anymore.") (within last 3 months)				Physical health	IR
7. Acute stress: Losses, grief (within last 3 months)				Environmental stress	IR
8. Chronic stress: perceived uselessness, not feeling needed, burden to extended kin				Environmental stress	IR
9. History of excessive introversion, conscientiousness (including planned suicide attempts)				Mental health	IR
10. Dissatisfaction with life at this moment in time				Life satisfaction	IR
11. Lack of hope for the future				Life satisfaction	IR
12. Current substance abuse				Addictions	DB
13. Past history of suicidal acts/gestures				Mental health	DB
14. Lack of religious beliefs				Cultural factors	DB
15. Acute stress: Rejection (within last 3 months)				Environmental stress	IR
16. Chronic stress: lack of positive relationships, social isolation				Environmental stress	DB
17. History of excessive extroversion and impulsive behaviors (including rage, anger, physical fights, seeking revenge)				Mental health	DB
18. Lack of coping skills when faced with stress (cracks under pressure)				Mental health	DB
19. Lack of children. If has children, not in touch/not helping take care of them				Life satisfaction	DB
20. History of command hallucinations of self-directed violence				Mental health	IR
21. Age: older >60 or younger <25				Age	IR
22. Gender: male				Gender	DB

Abbreviations: CFI-S, Convergent Functional Information for Suicide; DB, decreased barrier; IR, increased reasons; NA, not available. Items are scored 1 for Yes, 0 for No. Total Score has a maximum possible of 22. Final Score (normalized) is Total Score divided by number of items that were scored, as for some items information might be NA, so they are not scored.

between groups of participants with and without hospitalizations for suicidality. Pearson R (one-tail) correlation was performed between hospitalization frequency (number of hospitalizations for suicidality divided by duration of follow-up) and biomarker score. We also conducted only the correlation analyses for hospitalizations frequency for all future hospitalizations due to suicidality, beyond one year, as this calculation, unlike the ROC and t -test, accounts for the actual length of follow-up, which varied beyond one year from participant to participant.

RESULTS

Discovery of biomarkers for suicidal ideation

We conducted whole-genome gene expression profiling in the blood samples from a longitudinally followed cohort of male participants with psychiatric disorders that predispose to suicidality. The samples were collected at repeated visits, 3–6 months apart. State information about SI was collected from a questionnaire (HAMD) administered at the time of each blood draw (Supplementary Table S1). Out of 217 psychiatric participants (with a total of 531 visits) followed longitudinally in our study, there were 37 participants that switched from a no SI (SI score of 0) to a high SI state (SI score of 2 and above) at different visits, which was our intended discovery group (Figure 2). We used a powerful within-participant design to analyze data from these 37 participants and their 106 visits. A within-participant design factors out genetic variability, as well as some medications, lifestyle, and demographic effects on gene expression, permitting identification of relevant signal with N s as small as 1.⁹ Another benefit of a within-participant design may be accuracy/consistency of self-report of psychiatric symptoms ('phene expression'), similar in rationale to the signal detection benefits it provides in gene expression. The number of participants that met our criteria and were analyzed is small, but comparable to those in human post-mortem brain gene expression studies of suicide. We are indeed treating the blood samples as surrogate tissue for brains, with the

caveat that they are not the real target organ. However, with the blood samples from live human participants we have the advantages of *in vivo* accessibility, better knowledge of the mental state at the time of collection, less technical artifacts and especially of being able to do powerful within-participant analyses from visit to visit.

For discovery, we used two differential expression methodologies: Absent/Present (reflecting on/off of transcription), and Differential Expression (reflecting more subtle gradual changes in expression levels). The genes that tracked SI in each participant were identified in our analyses. We used three thresholds for increased in expression genes and for decreased in expression genes: $\geq 33.3\%$ (low); $\geq 50\%$ (medium); and $\geq 80\%$ (high) of the maximum scoring increased and decreased gene across participants. Such a restrictive approach was used as a way of minimizing false positives, even at the risk of having false negatives. For example, there were genes on each of the two lists, from AP and DE analyses, that had clear prior evidence for involvement in suicidality, such as OLR1^{10,11} (32%) and LEPR^{1,12} (32%) for AP, and OPRM1^{13,14} (32%) and CD24^{1,11} (33%) from DE, but were not included in our subsequent analyses because they did not meet our *a priori* set 33.3% threshold.

Prioritization of biomarkers based on prior evidence in the field These differentially expressed genes were then prioritized using a Bayesian-like CFG approach (Figure 3) integrating all the previously published human genetic evidence, post-mortem brain gene expression evidence, and peripheral fluids evidence for suicide in the field available at the time of our final analyses (September 2014). This is a way of identifying and prioritizing disease relevant genomic biomarkers, extracting generalizable signal out of potential cohort-specific noise and genetic heterogeneity. We have built in our laboratory manually curated databases of the psychiatric genomic and proteomic literature to date, for use in CFG analyses. The CFG approach is thus a de

facto field-wide collaboration. We use in essence, in a Bayesian fashion, the whole body of knowledge in the field to leverage findings from our discovery data sets. Unlike our use of CFG in many previous studies, for the current one we did not use any animal model evidence, as there are to date no clear animal models of self-harm or suicidality published to date.

Validation of biomarkers for behavior in suicide completers

For validation in suicide completers, we used 412 genes that had a CFG score of 4 and above, from AP and DE, reflecting either maximum internal score from discovery or additional external literature cross-validating evidence. Out of these, 208 did not show any stepwise change in suicide completers (non-concordant, NC). As such, they may be involved primarily in ideation and not in behavior (Supplementary Table S6). The remaining 204 genes (49.5%) had levels of expression that were changed stepwise from no SI to high SI to suicide completion. 143 of these genes (34.7%) were nominally significant, and 76 genes (18.4%) survived Bonferroni correction for multiple comparisons (Figure 3 and Supplementary Figure S1). These genes are likely involved in SI and suicidal behavior. (You can have SI without suicidal behavior, but you cannot have suicidal behavior without SI).

Selection of biomarkers for testing of predictive ability

For testing, we decided *a priori* to select the top scoring increased and decreased biomarkers from each step (discovery, prioritization, validation), so as to avoid potential false negatives in the prioritization step due to lack of prior evidence in the literature, or false negatives in validation step due to possible post-mortem artifacts. The top scoring genes after the discovery step were DTNA and KIF2C from AP, CADM1 and CLIP4 from DE. The top genes after the prioritization with CFG step were SLC4A4 and SKA2 from AP, SAT1 and SKA2 from DE. The top genes after the validation in suicide completers step were IL6 and MBP from AP, JUN and KLHDC3 from DE (Figure 3). Notably, our SAT1 finding is a replication and expansion of our previously reported results identifying SAT1 as a blood biomarker for suicidality in bipolars (Le-Niculescu et al. 2013), and our SKA2 finding is an independent replication of a previous report identifying SKA2 as a blood biomarker for suicidality by Kaminsky and colleagues.¹⁵ We also replicated in this larger cohort other top biomarkers from our previous work in bipolar disorder, notably MARCKS and PTEN (Table 2, Supplementary Figure S4). A number of other genes we identified (CADM1, KIF2C, DTNA, CLIP4) are completely novel in terms of their involvement in suicidality.

Biological understanding

We also sought to understand the biology represented by the biomarkers identified by us, and derive some mechanistic and practical insights. We conducted: 1. unbiased biological pathway analyses and hypothesis driven mechanistic queries, 2. overall disease involvement and specific neuropsychiatric disorders queries, and 3. overall drug modulation along with targeted queries for omega-3, lithium and clozapine¹⁶ (Table 3, Supplementary Tables S3). Administration of omega-3s in particular may be a mass-deployable therapeutic and preventive strategy.¹⁷

The sets of biomarkers identified have biological roles in immune and inflammatory response, growth factor regulation, mTOR signaling, stress, and perhaps overall the switch between cell survival and proliferation vs apoptosis (Table 3 and Supplementary Table S3). 14% of the candidate biomarkers in Supplementary Table S3 have evidence for involvement in psychological stress response, and 19% for involvement in programmed cell death/cellular suicide (apoptosis). An extrapolation can be made and model proposed whereas suicide is a whole

body apoptosis (or 'self-poptosis') in response to perceived stressful life events.

We also examined evidence for the involvement of these biomarkers for suicidality in other psychiatric disorders, permitting us to address issues of context and specificity (Supplementary Table S3). SKA2, HADHA, SNORA68, RASL11B, CXCL11, HOMEZ, LOC728543, AHCYL1, LDLRAP1, NEAT1 and PAFAH1B2 seem to be relatively specific for suicide, based on the evidence to date in the field. SAT1, IL6, FOXN3 and FKBP5 are less specific for suicide, having equally high evidence for involvement in suicide and in other psychiatric disorders, possibly mediating stress response as a common denominator.^{11,18} These boundaries and understanding will likely change as additional evidence in the field accumulates. For example, CADM1, discovered in this work as a top biomarker for suicide, had previous evidence for involvement in other psychiatric disorders, such as autism and bipolar disorder. Interestingly, it was identified in a previous study by us as a blood biomarker increased in expression in low mood states in bipolar participants, and it is increased in expression in the current study in high SI states. Increased expression of CADM1 is associated with decreased cellular proliferation and with apoptosis, and this gene is decreased in expression or silenced in certain types of cancers.

A number of other genes besides CADM1 are changed in opposite direction in suicide in this study vs high mood in our previous mood biomarker study-CHD2, MBP, LPAR1, IGHG1, TEX261 (Supplementary Table S3), suggesting that suicidal participants are in a low mood state. Also, some of the top suicide biomarkers are changed in expression in the same direction as in high psychosis participants in a previous psychosis biomarker study of ours -PK3C2A, GPM6B, PCBD2, DAB2, IQCH, LAMB1, TEX261 (Supplementary Table S3), suggesting that suicidal participants may be in a psychosis-like state. TEX261 in particular appears in all three studies, decreased in expression in suicide and high hallucinations, and increased in expression in high mood. This protective marker may be an interesting target for future biological studies and drug development. Taken together, the data indicates that suicidality could be viewed as a psychotic dysphoric state, and that TEX261 may be a key biomarker reflecting that state. This molecularly informed view is consistent with the emerging clinical evidence in the field.¹⁹

Lastly, we conducted biological pathway analyses on the genes that, after discovery and prioritization, were stepwise changed in suicide completers ($n=204$) and may be involved in ideation and behavior, vs those that were not stepwise changed ($n=208$), and that may only be involved in ideation (Supplementary Table S6). The genes involved in ideation map to pathways related to neuronal connectivity (cytoskeleton rearrangement, axonal guidance) and schizophrenia. The genes involved in behavior map to pathways related to neuronal activity (WNT, growth factors) and mood disorders. This is consistent with ideation being related to psychosis, and behavior being related to mood. Of note, clinically, the risk for suicide behavior/completion is higher in mood disorders than in psychotic disorders.

Clinical information

We also developed a simple new 22 item scale and app for suicide risk, Convergent Functional Information for Suicidality (CFI-S), which scores in a simple binary fashion and integrates, information about known life events, mental health, physical health, stress, addictions, and cultural factors that can influence suicide risk.^{7,8} Clinical risk predictors and scales are of high interest in the military²⁰ and in the general population at large.²¹ Our scale builds on those excellent prior achievements, while aiming for comprehensiveness, simplicity and quantification similar to a polygenic risk score. CFI-S is able to distinguish between individuals who committed suicide (coroner's cases $n=35$, information obtained from the next-of-kin) and those high-risk participants who did not

but had experienced changes in SI (our discovery cohort of psychiatric participants) (Figure 4). We analyzed which items of the CFI-S scale were the most significantly different between high SI live participants and suicide completers. We identified 7 items that were significantly different, 5 of which survived Bonferroni correction: lack of coping skills when faced with stress ($P=3.35e-11$), dissatisfaction with current life ($P=2.77e-06$), lack of hope for the future ($4.58e-05$), current substance abuse

($P=1.25e-04$), and acute loss/grief ($P=9.45e-4$). It is highly interesting that the top item was inability to cope with stress, which is independently consistent with our biological marker results.

We also simplified the wording (and developed a new app for) an 11 item scale for measuring mood and anxiety, the SASS, previously developed and described by us as TASS (Total Affective State Scale).⁶ The SASS is a set of 11 visual analog scales (7 for

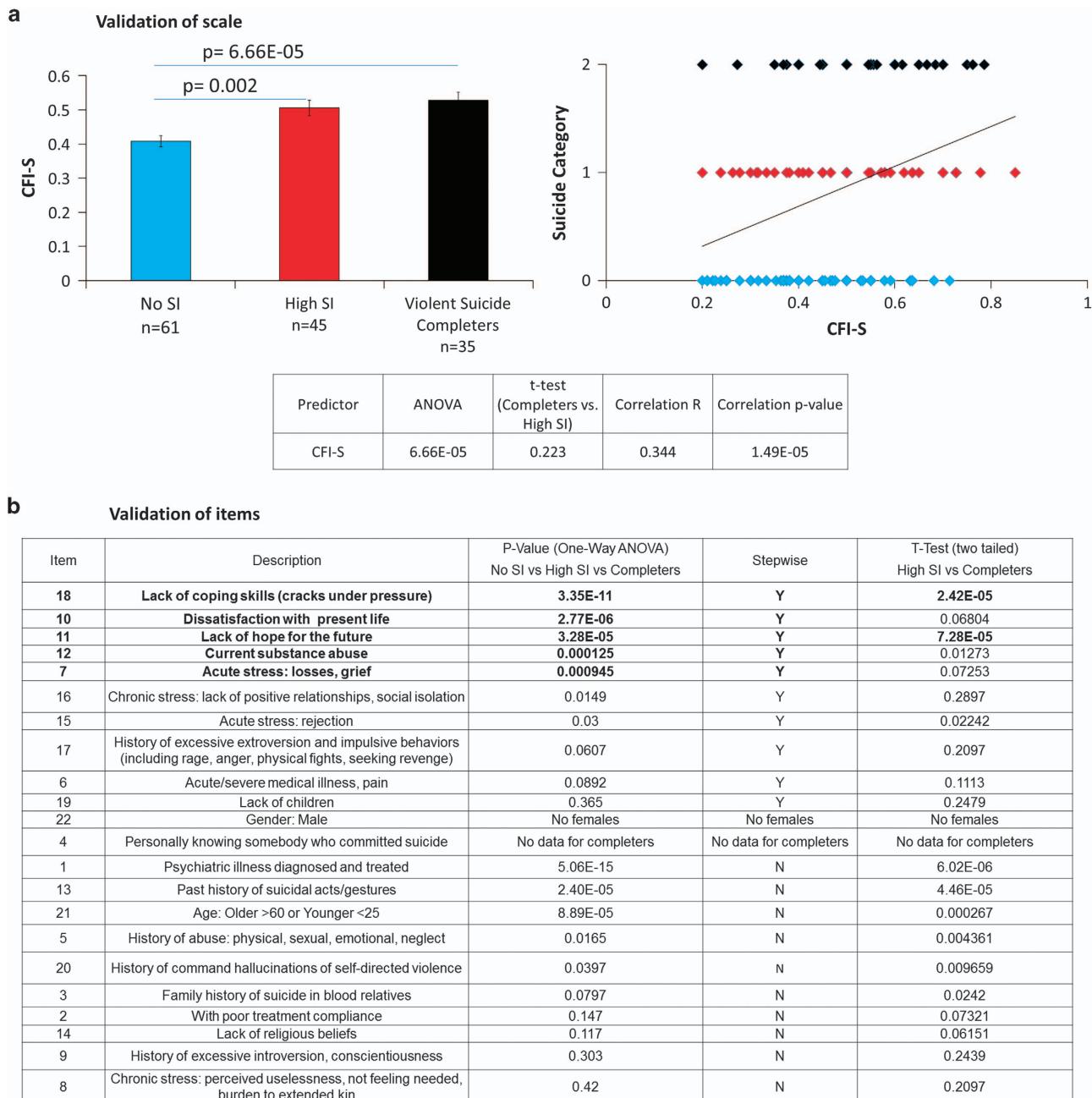


Figure 4. Convergent Functional Information for Suicide (CFI-S) Scale. **(a)** Validation of scale. Convergent Functional Information for Suicide levels in the discovery cohort and suicide completers. **(b)** Validation of items. Convergent Functional Information for Suicide was developed independently of any data from this study, by compiling known sociodemographic and clinical risk factors for suicide. It is composed of 22 items that assess the influence of mental health factors, as well as of life satisfaction, physical health, environmental stress, addictions, cultural factors known to influence suicidal behavior, and two demographic factors, age and gender. These 22 items are shown here validated in the discovery cohort and suicide completers in a manner similar to that for biomarkers. Additionally, a student's t-test was used to evaluate items that were increased in suicide completers when compared to living participants with high suicidal ideation. **(c)** Predictions. Convergent Functional Information for Suicide predicting SI in the independent test cohort, and predicting future hospitalizations due to suicidality.

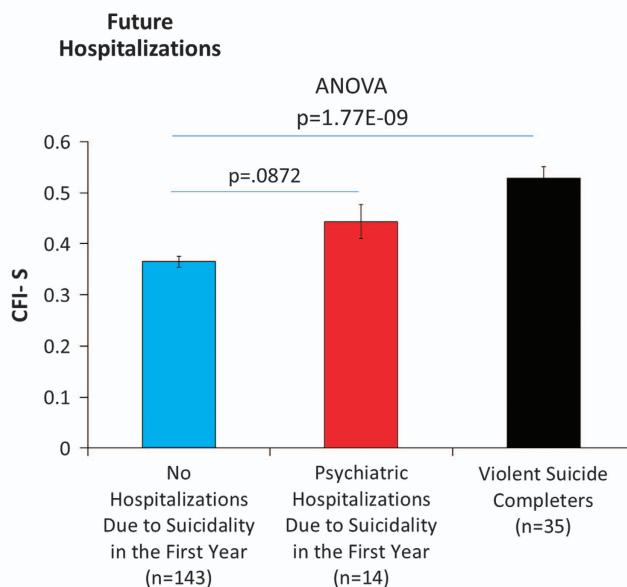
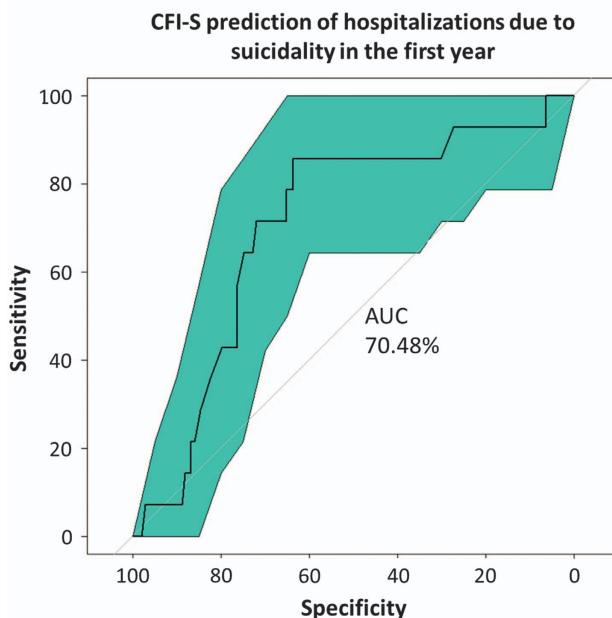
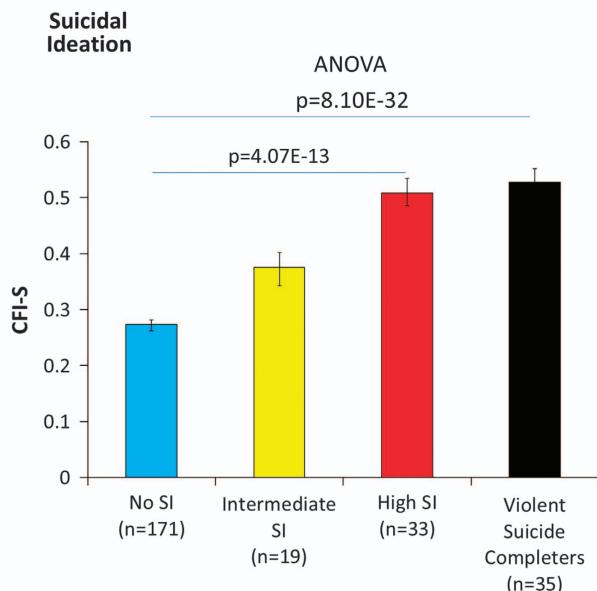
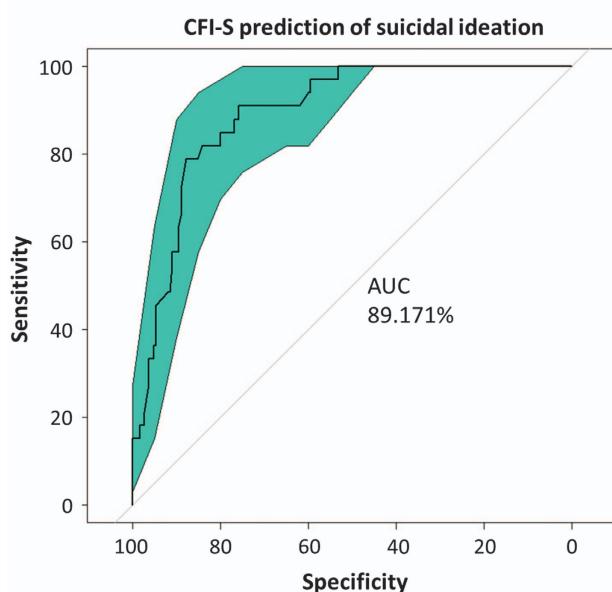
C Predictions by CFI-S

Figure 4. Continued.

mood, 4 for anxiety) that ends up providing a number ranging from 0 to 100 for mood state, and the same for anxiety state.

Testing for predictive ability

The best single biomarker predictor for SI state across all diagnostic groups is SLC4A4 (ROC AUC 0.72, P -value 2.41e-05), the top increased biomarker from our prioritization with CFG of discovery data from AP (Table 5). Within diagnostic groups, the accuracy is even higher. SLC4A4 has very good accuracy at predicting future high SI in bipolar participants (AUC 0.93, P -value 9.45e-06) and good accuracy in schizophrenia participants (AUC 0.76, P -value 0.030). SLC4A4 is a sodium-bicarbonate co-transporter that regulates intracellular pH, and possibly apoptosis. Very little is known to date about its roles in the brain, thus

representing a completely novel finding. Brain pH has been reported by Wemmie et al.²² to have a role in pain, fear and panic attacks, which clinically share features with acute SI states.

SKA2, the top decreased biomarker from prioritization with CFG of discovery data from AP and DE, has good accuracy at predicting SI across all diagnostic groups (AUC 0.69, P -value 0.00018), and even better accuracy in bipolar participants (AUC 0.76, P -value 0.0045) and schizophrenia participants (AUC 0.82, P -value 0.011).

The best single biomarker predictor for future hospitalizations for suicidal behavior in the first year across all diagnostic groups was SAT1, the top increased biomarker from the prioritization with CFG of discovery data from DE (AUC 0.55, P -value 0.28). The results across all diagnoses are modest, likely due to the significant variation of markers by diagnostic group (Table 5 and Supplementary Figure S4). This seems to be even more of an

issue for trait than for state predictions. Within diagnostic groups, in bipolar disorder, the SAT1 prediction accuracy for future hospitalizations is higher (AUC 0.63, *P*-value 0.18), consistent with our previous work.¹ CADM1 (AUC 0.72, *P*-value 0.076), SKA2 (AUC 0.71, *P*-value 0.056), and SLC4A4 (AUC 0.70, *P*-value 0.08) are even better predictors than SAT1 in bipolar disorder.

CFI-S has very good accuracy (AUC 0.89, *P*-value 3.53e–13) at predicting SI in psychiatric participants across diagnostic groups (Figure 4c). Within diagnostic groups, in affective disorders, the accuracy is even higher. CFI-S has excellent accuracy at predicting high SI in bipolar participants (AUC 0.97, *P*-value 1.75e–06) and in depression participants (AUC 0.95, *P*-value 7.98e–06). CFI-S has good accuracy (AUC 0.71, *P*-value 0.006) at predicting future hospitalizations for suicidality in the first year, across diagnostic groups.

SASS has very good accuracy (AUC 0.85, 9.96e–11) at predicting SI in psychiatric participants across diagnostic groups. Within diagnostic groups, in bipolar disorder, the accuracy is even higher (AUC 0.87, *P*-value 0.00011). SASS also has good accuracy (AUC 0.71, *P*-value 0.008) at predicting future hospitalizations for suicidality in the first year following testing.

Our *a priori* primary end point was a combined UP-Suicide, composed of the top increased and decreased biomarkers ($n=11$) from the discovery for ideation (CADM1, CLIP4, DTNA, KIF2C), prioritization with CFG for prior evidence (SAT1, SKA2, SLC4A4), and validation for behavior in suicide completers (IL6, MBP, JUN, KLHDC3) steps, along with CFI-S, and SASS. UP-Suicide is an excellent predictor of SI across all disorders in the independent cohort of psychiatric participants (AUC 0.92, *P*-value 7.94e–15) (Figure 6). UP-Suicide also has good predictive ability for future psychiatric hospitalizations for suicidality in the first year of follow-up (AUC 0.71, *P*-value 0.0094). The predictive ability of UP-Suicide is notably higher in affective disorder participants (bipolar, depression) (Table 5 and Figure 5).

DISCUSSION

We carried out systematic studies to identify clinically useful predictors for suicide. Our work focuses on identifying markers involved in SI and suicidal behavior, including suicide completion. Markers involved in behavior may be on a continuum with some of the markers involved in ideation, varying in the degree of expression changes from less severe (ideation) to more severe (behavior). One cannot have suicidal behavior without SI, but it may be possible to have SI without suicidal behavior.

As a first step, we sought to use a powerful but difficult to conduct within-participant design for discovery of blood biomarkers. Such a design is more informative than case-control, case-case, or even identical twins designs. The power of a within-participants longitudinal design for multi-omic discovery was first illustrated by Snyder and colleagues⁹ in a landmark paper with an $n=1^9$. We studied a cohort of male participants with major psychiatric disorders ($n=217$ participants) followed longitudinally (2–6 testing visits, at 3–6 months interval). In a smaller ($n=37$) but very valuable subset of these participants, we captured one or more major switches from a no SI state to a high SI state at the time of the different testing visits (Figures 1 and 2).

Second, we conducted whole-genome gene expression discovery studies in the participants that exhibited the switches, using a longitudinal within-participant design, that factors out genetic variability and reduces environmental variability as well. We have demonstrated the power of such a design in our previous work on suicide biomarkers with an $n=9^1$. Our current $n=37$ was four-fold higher, and consequently our power to detect signal was commensurately increased (Figure 2). Genes whose levels of expression tracked SI within each participant were identified.

Third, the lists of top candidate biomarkers for SI from the discovery and prioritization step (genes with a CFG score of 4 and

above, reflecting genes that have maximal experimental internal evidence from this study and/or additional external literature cross-validating evidence), were additionally validated for involvement in suicidal behavior in a cohort of demographically matched suicide completers from the coroner's office ($n=26$) (Figure 3).

Given that we used two methods (AP, DE), three steps (discovery for ideation, prioritization based on literature evidence, validation for behavior in completers), and two types of markers (increased, decreased), we anticipated having $2 \times 3 \times 2 = 12$ top markers. We ended up with 11 due to overlap (Table 2). Of note, 8 of these 11 markers (SAT1, SKA2, SLC4A4, KIF2C, MBP, IL6, JUN and KLHDC3), were significant in validation for behavior in terms of being changed even more in suicide completers, and 5 of them survived Bonferroni correction (SAT1, SLC4A4, MBP, IL6, KLHDC3). The 3 out of 11 markers that were not validated for behavior (DTNA, CLIP4 and CADM1) seemed indeed better in the independent test cohorts at predicting SI than at predicting suicidal behavior (hospitalizations) (Table 5B).

Fourth, we describe a novel, simple and comprehensive phenomic (clinical) risk assessment scale, the CFI-S scale, as well as a companion app to it for use by clinicians and individuals (Supplementary Figure S2). CFI-S was developed independently of any data from this study, by integrating known risk factors for suicide from the clinical literature. It has a total of 20 items (scored in a binary fashion—1 for present, 0 for absent, NA for information not available) that assess the influence of mental health factors, as well as of life satisfaction, physical health, environmental stress, addictions, and cultural factors known to influence suicidal behavior. It also has two demographics risk factors items: age and gender. The result is a simple polyphasic risk score with an absolute range of 0–22, normalized by the number of items on which we had available information, resulting in a score in the range from 0 to 1 (Table 4). We present data validating the CFI-S in our discovery cohort of live psychiatric participants and in suicide completers from the coroner's office (Figure 4). We acknowledge the possibility of a potential upward bias in next-of-kin reporting post-suicide completion, although each item of the scale was scored factually by a trained rater on its own merits. We believe it is still illustrative and informative to compare the CFI-S in live participants with ideation vs suicide completers, and identify which items are most different (such as inability to cope with stress, which is consistent with biological data from the biomarker side of our study).

Fifth, we have also assessed anxiety and mood, using a visual analog SASS, previously described by us (Niculescu et al. 2006), for which we now have developed an app version (Supplementary Figure S2). Using a PhenoChipping approach⁶ in our discovery cohort of psychiatric participants, we show that anxiety measures cluster with SI and CFI-S, and mood measures are in the opposite cluster, suggesting that our participants have high SI when they have high anxiety and low mood (Figure 2). We would also like to include in the future measures of psychosis, and of stress, to be more comprehensive.

Sixth, we examined how the biomarkers identified by us are able to predict state (SI) in a larger independent cohort of psychiatric participants ($n=108$ participants).

Seventh, we examined whether the biomarkers are able to predict trait (future hospitalizations for suicidal behavior) in psychiatric participants ($n=157$) in the short term (first year of follow-up) as well as overall (all data for future hospitalizations available for each patient).

Last but not least, we demonstrate how our *a priori* primary end point, a comprehensive UP-Suicide, composed of the combination of the top increased and decreased biomarkers ($n=11$) from the discovery, prioritization and validation steps, along with CFI-S and SASS, predicts state (SI) and trait (future psychiatric hospitalizations for suicidality).

Table 5. Predictions

<i>A. Best predictors</i>					
Predictors ROC AUC/P-value	All participants	BP participants	MDD participants	SZA participants	SZ participants
Suicidal ideation cohort N = 108 participants	UP-Suicide 0.92/7.94e - 15	UP-Suicide 0.98/1.19E-6	UP-Suicide 0.95/2.96E-7	UP-Suicide 0.81/0.0018	Mood 0.94/0.00075 UP-Suicide 0.91/0.0015
First year hospitalizations for suicidality cohort N = 157 participants	SASS 0.71/0.0080 UP-Suicide 0.71/0.0094	SASS 0.95/0.0016 UP-Suicide 0.94/0.0021	CFI-S 0.78/0.066 UP-Suicide 0.70/0.16	Anxiety 0.65/0.21 UP-Suicide 0.52/0.47	UP-Suicide 0.68/0.17
<i>B. All predictions</i>					
Predictors ROC AUC/P-value	All participants	BP participants	MDD participants	SZA participants	SZ participants
No SI = 73 Intermediate SI = 12 High SI = 23	No SI = 17 Intermediate SI = 5 High SI = 7	No SI = 17 Intermediate SI = 0 High SI = 8	No SI = 17 Intermediate SI = 0 High SI = 8	No SI = 19 Intermediate SI = 3 High SI = 6	No SI = 20 Intermediate SI = 4 High SI = 2
Suicidal ideation cohort N = 108 participants Biomarkers	SKA2 0.69/0.00018 SLC4A4 0.72/2.41E-5 KIF2C 0.42/0.92 DTNA 0.54/0.22 MBP 0.53/0.30 IL6 0.66/0.0017 SAT1 0.35/1 CLIP4 0.52/0.37 CADM1 0.59/0.045 KLHDC3 0.47/0.72 JUN 0.46/0.76 BIOM6 0.64/0.0042 BIOM5 0.54/0.23 BIOM11 0.63/0.0088	SKA2 0.76/0.0045 SLC4A4 0.93/9.45E-6 KIF2C 0.33/0.96 DTNA 0.61/0.15 MBP 0.54/0.35 IL6 0.66/0.06 SAT1 0.19/1 CLIP4 0.76/0.0050 CADM1 0.73/0.013 KLHDC3 0.52/0.41 JUN 0.39/0.86 BIOM6 0.69/0.028 BIOM5 0.69/0.029 BIOM11 0.75/0.0070	SKA2 0.54/0.34 SLC4A4 0.55/0.33 KIF2C 0.52/0.45 DTNA 0.53/0.41 MBP 0.61/0.15 IL6 0.76/0.0057 SAT1 0.39/0.86 CLIP4 0.21/1 CADM1 0.63/0.11 KLHDC3 0.47/0.60 JUN 0.54/0.37 BIOM6 0.72/0.017 BIOM5 0.44/0.73 BIOM11 0.57/0.26	SKA2 0.68/0.06 SLC4A4 0.64/0.11 KIF2C 0.41/0.78 DTNA 0.53/0.41 MBP 0.43/0.74 IL6 0.58/0.24 SAT1 0.48/0.59 CLIP4 0.54/0.38 CADM1 0.48/0.56 KLHDC3 0.38/0.86 JUN 0.54/0.38 BIOM6 0.61/0.18 BIOM5 0.44/0.69 BIOM11 0.51/0.46	SKA2 0.82/0.011 SLC4A4 0.76/0.03 KIF2C 0.43/0.71 DTNA 0.45/0.66 MBP 0.58/0.28 IL6 0.62/0.19 SAT1 0.37/0.84 CLIP4 0.61/0.21 CADM1 0.49/0.54 KLHDC3 0.49/0.53 JUN 0.37/0.84 BIOM6 0.49/0.55 BIOM5 0.61/0.21 BIOM11 0.64/0.16
Clinical	Anxiety 0.78/2.3E-7 Mood 0.82/1.62E-9 SASS 0.85/9.96E-11	Anxiety 0.86/0.00018 Mood 0.81/0.00091 SASS 0.87/0.00011	Anxiety 0.81/0.0015 Mood 0.81/0.0015 SASS 0.87/6.01E-5	Anxiety 0.81/0.0015 Mood 0.77/0.0080 SASS 0.81/0.0019	Anxiety 0.75/0.12 Mood 0.77/0.0080 SASS 0.85/0.0058
Combined	CFI-S 0.89/3.53E-13 UP-Suicide 0.92/7.94E-15	CFI-S 0.97/ 1.75E-6 UP-Suicide 0.98/1.19E-6	CFI-S 0.95/7.98E-6 UP-Suicide 0.95/2.96E-7	CFI-S 0.74/0.016 UP-Suicide 0.81/0.0018	CFI-S 0.85/0.0049 UP-Suicide 0.91/0.0015
Predictors ROC AUC/P-value	All participants	BP participants	MDD participants	SZA participants	SZ participants
No Hosp = 139 Hosp = 18	No Hosp = 43 Hosp = 7	No Hosp = 20 Hosp = 3	No Hosp = 41 Hosp = 3	No Hosp = 35 Hosp = 5	
First year hospitalizations for suicidality N = 157 participants Biomarkers	SKA2 0.44/0.78 SLC4A4 0.47/0.66 KIF2C 0.54/0.30 DTNA 0.44/0.77 MBP 0.38/0.92 IL6 0.48/0.60 SAT1 0.55/0.28 CLIP4 0.31/0.99 CADM1 0.53/0.36 KLHDC3 0.31/0.98 JUN 0.40/0.89 BIOM6 0.51/0.46 BIOM5 0.35/0.96v BIOM11 0.42/0.82	SKA2 0.71/0.056 SLC4A4 0.70/0.08 KIF2C 0.59/0.26 DTNA 0.61/0.21 MBP 0.30/0.90 IL6 0.45/0.65 SAT1 0.63/0.18 CLIP4 0.26/0.91 CADM1 0.72/0.076 KLHDC3 0.41/0.72 JUN 0.36/0.85 BIOM6 0.62/0.23 BIOM5 0.50/0.52 BIOM11 0.63/0.24	SKA2 0.048/0.99 SLC4A4 0.048/0.99 KIF2C 0.45/0.61 DTNA 0.29/0.83 MBP 0.42/0.68 IL6 0.76/0.090 SAT1 0.62/0.29 CLIP4 0.25/0.92 CADM1 0.74/0.17 KLHDC3 0.31/0.81 JUN 0.37/0.77 BIOM6 0.68/0.18 BIOM5 0.24/0.88 BIOM11 0.48/0.55	SKA2 0.41/0.70 SLC4A4 0.37/0.78 KIF2C 0.42/0.67 DTNA 0.13/0.96 MBP 0.29/0.88 IL6 0.28/0.90 SAT1 0.62/0.29 CLIP4 0.31/0.87 CADM1 0.048/0.99 KLHDC3 0.29/0.88 JUN 0.58/0.35 BIOM6 0.14/0.96 BIOM5 0.28/0.90 BIOM11 0.23/0.94	SKA2 0.13/0.99 SLC4A4 0.39/0.74 KIF2C 0.67/0.19 DTNA 0.46/0.61 MBP 0.53/0.46 IL6 0.55/0.41 SAT1 0.44/0.63 CLIP4 0.41/0.69 CADM1 0.56/0.39 KLHDC3 0.16/0.95 JUN 0.30/0.90 BIOM6 0.43/0.63 BIOM5 0.40/0.72 BIOM11 0.40/0.72
Clinical	Anxiety 0.64/0.066 Mood 0.58/0.16 SASS 0.71/0.0080	Anxiety 0.69/0.14 Mood 0.70/0.059 SASS 0.95/0.0016	Anxiety 0.52/0.48 Mood 0.60/0.32 SASS 0.77/0.083	Anxiety 0.65/0.21 Mood 0.45/0.63 SASS 0.59/0.31	Anxiety 0.58/0.34 Mood 0.5/0.51 SASS 0.63/0.25
Combined	CFI-S 0.71/0.0058 UP-Suicide 0.71/0.0094	CFI-S 0.86/0.01 UP-Suicide 0.94/0.0021	CFI-S 0.78/0.066 UP-Suicide 0.7/0.16	CFI-S 0.75/0.12 UP-Suicide 0.52/0.47	CFI-S 0.54/0.40 UP-Suicide 0.68/0.17

Abbreviations: AUC, area under curve; BP, bipolar; CFI-S, convergent functional information for suicide; MDD, major depressive disorder; ROC, receiver operating characteristic; SASS, simplified affective state scale; SI, suicidal ideation; SZA, schizoaffective; SZ, schizophrenia; UP, universal predictive measure. ROC AUC/P-values. UP-Suicide is composed of increased markers (CFI-S, anxiety, BioM-6 panel of increased biomarkers) and decreased markers (mood, BioM-5 panel of decreased biomarkers); SASS is composed of increased marker (anxiety), and decreased marker (mood).

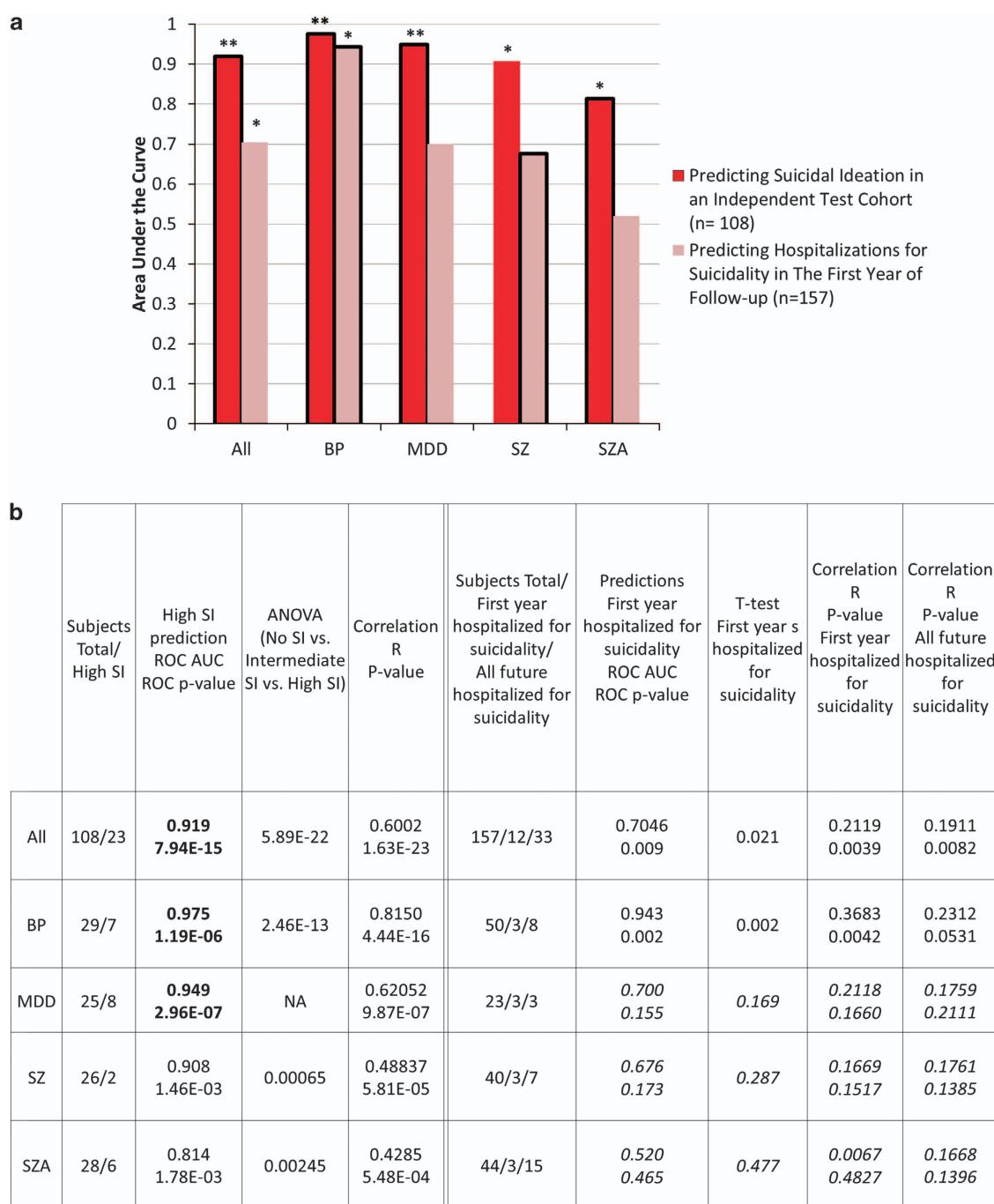


Figure 5. Testing of universal predictor for suicide (UP-Suicide). UP-Suicide is a combination of our best gene expression biomarkers (top increased and decreased biomarkers from discovery, prioritization by CFG, and validation in suicide completers steps), and phenomic data (CFI-S and SASS). **(a)** Area Under the Curve (AUC) for the UP-Suicide predicting suicidal ideation and hospitalizations within the first year in all participants, as well as separately in bipolar (BP), major depressive disorder (MDD), schizophrenia (SZ), and schizoaffective (SZA) participants. **Indicates the comparison survived Bonferroni correction for multiple comparisons. *Indicates nominal significance of $P < 0.05$. Bold outline indicates that the UP-Suicide was synergistic to its components, i.e., performed better than the gene expression biomarkers or phenomic data individually. **(b)** Table containing descriptive statistics for all participants together, as well as separately in BP, MDD, SZ, and SZA. Bold indicates the measure survived Bonferroni correction for 200 comparisons (20 genomic and phenomic markers/combinations \times 2 testing cohorts for SI and future hospitalizations in the first year \times 5 diagnostic categories—all, BP, MDD, SZA, SZ). We also show Pearson correlation data in the suicidal ideation test cohort for HAM-D-SI vs. UP-Suicide, as well as Pearson correlation data in the hospitalization test cohort for frequency of hospitalizations for suicidality in the first year, and for frequency of hospitalizations for suicidality in all future available follow-up interval (which varies among participants, from 1 year to 8.5 years).

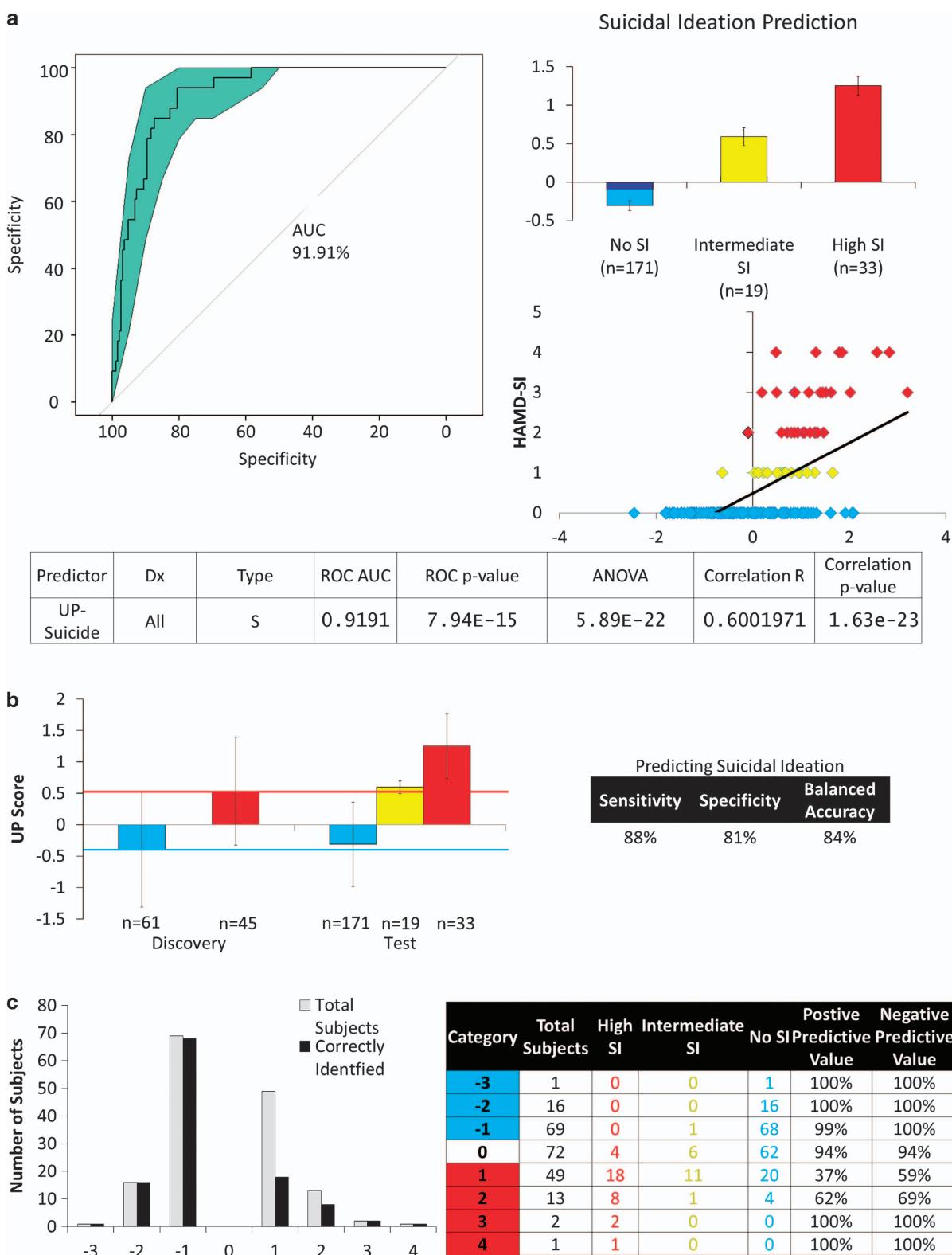


Figure 6. Prediction of suicidal ideation by universal predictive measure-suicide. (a) (top left) Receiver-operating curve identifying participants with suicidal ideation against participants with no suicidal ideation or intermediate SI. (top right) Y axis contains the average UP-Suicide scores with standard error of mean for no suicidal ideation, intermediate suicidal ideation and high suicidal ideation. (bottom right) Scatter plot depicting HAMD-SI score on the Y axis and universal predictive measure-suicide score on the X axis with linear trend line. (bottom) Table summarizing descriptive statistics. Analysis of variance was performed between groups with no suicidal ideation, intermediate suicidal ideation and high suicidal ideation. (b) Predictions in test cohort based on thresholds in the discovery cohort - average UP-Suicide scores with standard deviation. (c) Number of participants correctly identified in the test cohort by categories based on thresholds in the discovery cohort. Category 1 means within 1 s.d. above the average of high suicidal ideation participants in the discovery cohort, category 2 means between 1 and 2 s.d. above, and so on. Category 1 means within 1 s.d. below the average of the no suicidal ideation participants in the discovery cohort, category 2 means between 1 and 2 s.d. below and so on.

The rationale for identifying blood biomarkers as opposed to brain biomarkers is a pragmatic one—the brain cannot be readily accessed in live individuals. Other peripheral fluids, such as cerebrospinal fluid, require more invasive and painful procedures. Nevertheless, it is likely that many of the peripheral blood transcriptomic changes are not necessarily mirroring what is happening in the brain, and vice-versa. The keys to finding peripheral biomarkers⁴ are, first, to have a powerful discovery approach, such as our within-participant design, that closely tracks the phenotype you are trying to measure and reduces noise. Second, cross-validating and prioritizing the results with other lines of evidence, such as brain gene expression and genetic data, are important in order to establish relevance and generalizability of findings. Third, it is important to validate for behavior in an independent cohort with a robust and relevant phenotype, in this case suicide completers. Fourth, testing for predictive ability in independent/prospective cohorts is a must.

Biomarkers that survive such a rigorous stepwise discovery, prioritization, validation and testing process are likely directly relevant to the disorder studied. As such, we endeavored to study their biology, whether they are involved in other psychiatric disorders or are relatively specific for suicide, and whether they are the modulated by existing drugs in general, and drugs known to treat suicidality in particular. We have identified a series of biomarkers that seem to be changed in opposite direction in suicide vs in treatments with omega-3 fatty acids, lithium, clozapine or MAOIs. These biomarkers could potentially be used to stratify patients to different treatment approaches, and monitor their response (Supplementary Table S4).

We also conducted predictive studies, across all participants and by diagnosis, as a way of assessing how generalizable and how particular to a diagnosis biomarkers are. Different diagnostic groups have different disease biology and are on different medications, which may modify the levels of the biomarkers. We observe a significant variation in the predictive ability of biomarkers by diagnosis, which has important practical applications for future work on diagnostic-specific predictors (Table 5). Of note, a number of biomarkers from the current larger study reproduce our previous work in a smaller, bipolar cohort (SAT1, MARCKS, PTEN, as well as FOXN3, GCOM1, RECK, IL1B, LHFP, ATP6VOE1 and KLHDC3) (Supplementary Table S2). In the current data sets, we have also *post hoc* carried out biomarker discovery within each diagnosis, which revealed a diversity of top markers, but should be interpreted with caution given the smaller N within each diagnostic group (Supplementary Table S5).

Before any testing, we planned to use a comprehensive combination of genomic data (specifically, the top increased and decreased biomarkers from discovery, prioritization and validation) and phenomic data (specifically, the CFI-S and the SASS) as the primary end point measure, a broad-spectrum universal predictor (UP-Suicide) for state SI and trait future hospitalizations. It has not escaped our attention that certain single biomarkers, particular phenotypic items, or combinations thereof seem to perform better than the UP-Suicide in one or another type of prediction or diagnostic group (see Table 5). However, since such markers and combinations were not chosen by us *a priori* and such insights derive from testing, we cannot exclude a fit to cohort effect for them and reserve judgement as to their robustness as predictors until further testing in additional independent cohorts, by us and others. What we can put forward for now based on the current work is the UP-Suicide, which seems to be a robust predictor across different scenarios and diagnostic groups.

Overall, our predictive ability for trait future hospitalizations is somewhat less than for state SI (Figure 5, Table 5). However, clinically, events may indeed be driven by state, and the immediate concern is preventing immediate or short term adverse outcomes.

Our study has a number of limitations. All this work was carried out in psychiatric patients, a high-risk group, and it remains to be seen how such predictors apply to non-psychiatric participants. Additionally, the current studies were carried out exclusively in males. Similar work is needed in females, with and without psychiatric disorders. Such work is ongoing in our group. Lastly, for the UP-Suicide testing, the prevalence rate for high SI in our independent test cohort was a relatively low 21% (23 out of 108), and the incidence of future hospitalizations for suicidality was even lower: 7.6% in the first year (12 out of 157), and 21.0% overall (33 out of 157) (Figure 5). Although this is fortunate for the participants enrolled and may reflect the excellence of clinical care they were receiving in our hospital independent of this study, it may bias the predictions. Studies with larger numbers and longer follow-up, currently ongoing, as well as studies in different clinical settings, may provide more generalizability. It is to be noted, however, that the incidence of suicidality in the general population is lower, for example at 1.5% in adolescents in an European cohort²³ and estimates of 0.2–2% in the US,²⁴ which underlines the rationale of using a very high-risk group like we did for magnifying and enabling signal detection with a relatively small N.

In conclusion, we have advanced the biological understanding of suicidality, highlighting behavioral and biological mechanisms related to inflammation, mTOR signaling, growth factors, stress response and apoptosis. mTOR signaling has been identified as necessary for the rapid antidepressant response of ketamine.²⁵ The fact that this biological pathway was identified in an unbiased fashion by our work as the top pathway changed in suicide in the validated biomarkers from our analyses (Table 3 and Supplementary Figure S3) is scientifically interesting, and provides a biological rationale for studying ketamine as a potential treatment in acutely suicidal individuals.²⁶ Of equal importance, we developed instruments (biomarkers and apps) for predicting suicidality, that do not require asking the person assessed if they have suicidal thoughts, as individuals who are truly suicidal often do not share that information with people close to them or with clinicians. We propose that the widespread use of such risk prediction tests as part of routine or targeted healthcare assessments will lead to early disease interception followed by preventive lifestyle modifications or treatment. Given the magnitude and urgency of the problem, the importance of efforts to implement such tools cannot be overstated.

CONFLICT OF INTEREST

ABN is listed as inventor on a patent application being filed by Indiana University. The authors declare no conflict of interest.

ACKNOWLEDGMENTS

This work is, in essence, a field-wide collaboration. We acknowledge our debt of gratitude for the efforts and results of the many other groups, cited in our paper, who have conducted and published studies (clinical, genetic and biological) in suicidality. With their arduous and careful work, a convergent approach such as ours is possible. We would particularly like to thank the participants who participated in these studies, their families and their caregivers. Without their contribution, such work to advance the understanding of suicide would not be possible. This work was supported by an NIH Directors' New Innovator Award (1DP2OD007363) and a VA Merit Award (2I01CX000139) to ABN. Supplementary Information is also available from the Niculescu Laboratory website (www.neurophenomics.info).

AUTHOR CONTRIBUTIONS

ABN designed the study, created the clinical rating scales and wrote the manuscript. DFL, PLP, HL-N, HD, NJ, TBL, RL and EMN analyzed the data. NJ, NPV and FNK performed database work. PLP, JM and GS produced the apps. EB, AJ, SG, HW, DLG and RS organized and conducted testing in psychiatric participants. SC, CH, AB, MY, AS, GES and ABN organized and carried out post-mortem samples collection. TG, NJS, SMK and DRS conducted microarray experiments and provided input on data analyses. All authors discussed the results and commented on the manuscript.

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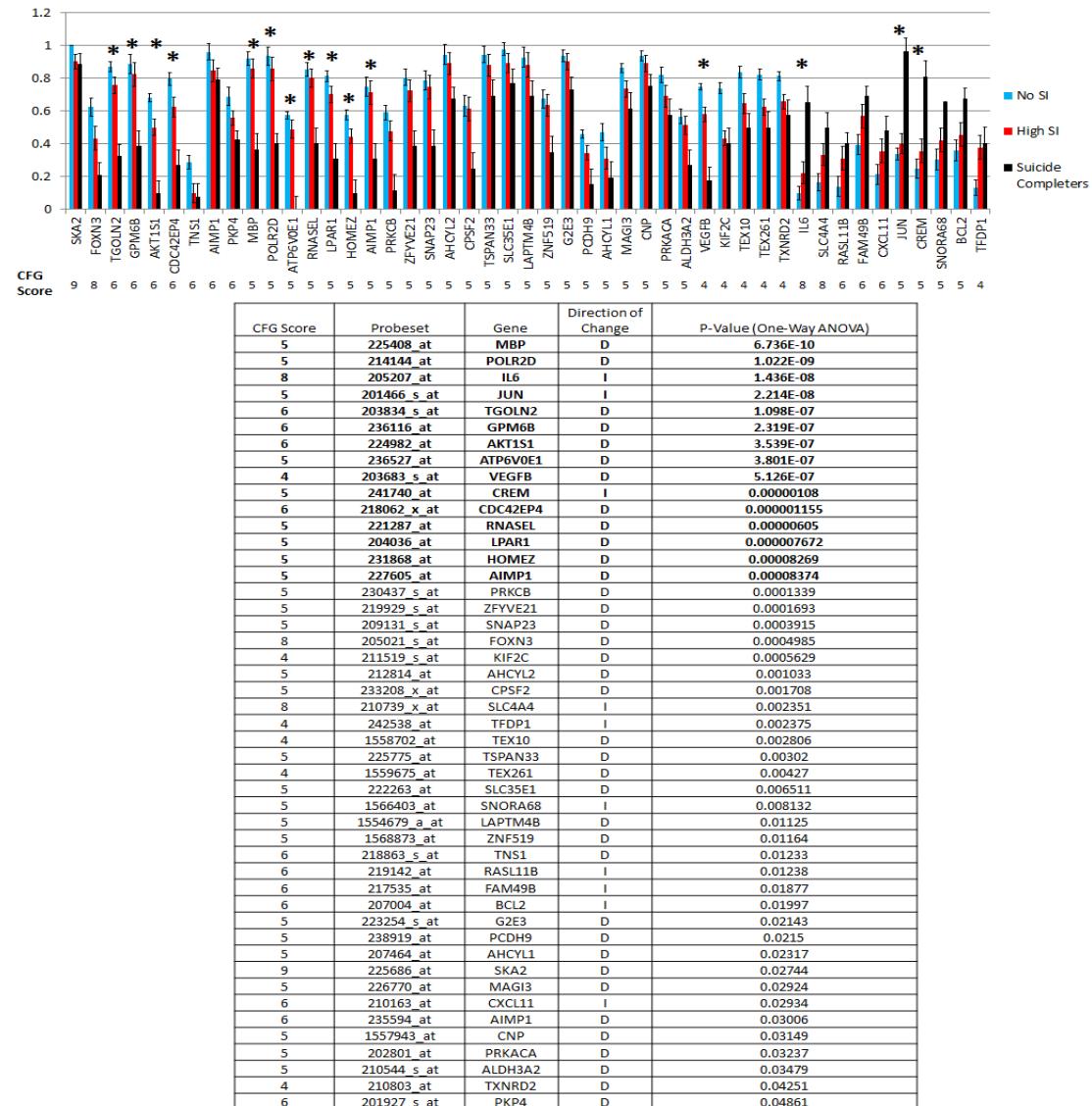
Supplementary Information accompanies the paper on the Molecular Psychiatry website (<http://www.nature.com/mp>)

Supplementary Information:

Figure S1 Biomarkers Validation in Suicide Completers

(A) Validating of top AP candidate biomarkers for suicidality. 47 out of the 153 with top-scoring CFG (31%) showed stepwise significant change between no SI, high SI, and validation suicide completers. 17 (11%) remained significant after strict Bonferroni correction. (B) Validating of top DE candidate biomarkers for suicidality. 124 out of the 418 with top-scoring CFG (30%) showed stepwise significant change between no SI, high SI, and validation suicide completers. 68 (16%) remained significant after strict Bonferroni correction.

A. Validation of top AP Biomarkers



B. Validation of top DE Biomarkers

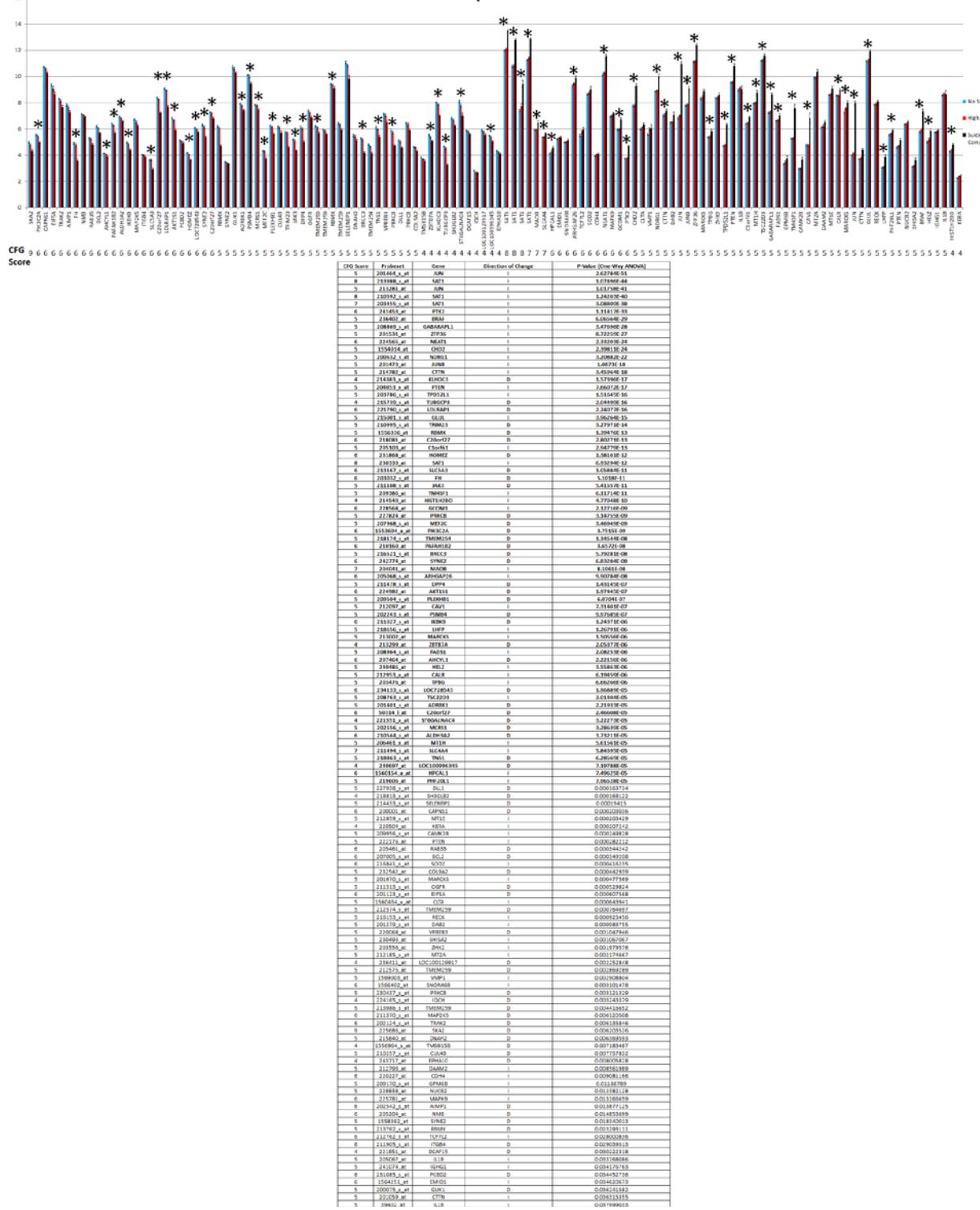


Figure S2. SASS and snapshot of apps screen display.**Simplified Affective State Scale (SASS)**

For each item, mark the scale with a vertical line where you think you are at this moment in time, compared to lowest and highest you ever remember being:

Mood Subscale**1) Mood**

How good is your mood right now?

**2) Motivation to do things**

How is your motivation, your drive, your determination to do things right now?

**3) Movement activity**

How high is your physical energy and the amount of moving about that you feel like doing right now?

**4) Thinking activity**

How high is your mental energy and thinking activity going on in your mind right now?



5) Self-esteem

How good do you feel about yourself and your accomplishments right now?

[-----] Lowest Highest

6) Interest in pleasurable activities

How high is your interest to do things that are fun and enjoyable right now?

A horizontal scale with a dashed arrow pointing from left to right. The word "Lowest" is at the left end and "Highest" is at the right end.

7) Appetite

How high is your appetite and desire for food right now?

[-----] **Lowest** **Highest**

Anxiety Subscale

1) Anxiety

How anxious are you right now?

[-----] **Lowest** **Highest**

2) Uncertainty

How uncertain about things do you feel right now?

A horizontal scale with a dashed arrow pointing from left to right. The word "Lowest" is at the left end and "Highest" is at the right end.

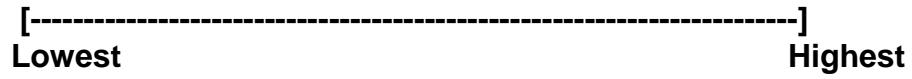
3) Fear

How frightened about things do you feel right now?



4) Anger

How angry about things do you feel right now?



Comments (optional):

Describe events or actions that you think are influencing how you feel now. Describe any additional feelings you might have at this moment in time:

SASS App



Simplified Affective State Scale

Lab Version

Current Subject ID: 001

Mood and Anxiety

-  Enter Ratings
-  View Ratings
-  Send Ratings
-  Export Ratings
-  Set Subject ID

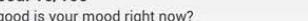
 SASS - Enter Ratings

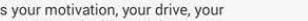
Simplified Affective State Scale

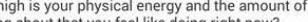
Subject ID: 001

Mood Subscale

For each item, slide the scale to where you think you are at this moment in time, compared to lowest and highest you ever remember being:

1) Mood: 16/100
How good is your mood right now?


2) Motivation to do things: 20/100
How is your motivation, your drive, your determination to do things right now?


3) Movement activity: 41/100
How high is your physical energy and the amount of moving about that you feel like doing right now?


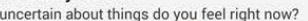
4) Thinking activity: upset

 SASS - Enter Ratings

Anxiety Subscale

For each item, slide the scale to where you think you are at this moment in time, compared to lowest and highest you ever remember being:

1) Anxiety: 82/100
How anxious are you right now?


2) Uncertainty: 66/100
How uncertain about things do you feel right now?


3) Fear: 80/100
How frightened about things do you feel right now?


4) Anger: 37/100
How angry about things do you feel right now?


CFI-S App

50° 📈 71% 12:10 PM 50° 📈 71% 12:11 PM 50° 📈 70% 12:13 PM

CFI-S Suicide Risk Assessment

Current Subject ID: 001
Last CFI-S Assessment: 11:47 AM, 04/20/2015

Suicide risk assessment
22 items

Ask and answer the following questions. If you don't understand a question, you can tap the question text for more info.

Item 1.

Do you have a mood disorder? Yes No Not sure

Comments (optional):

If so, has it been diagnosed and treated? Yes No Not sure

Comments:

Do you have any other kind of psychiatric diagnosis? Yes No Not sure



CFI-S Score = 0.64
(64% of possible points)

Figure S3. mTOR signaling. The top KEGG pathway in our 76 Bonferroni corrected validated markers for suicide. Boxed in black are our suicide biomarkers present in this pathway.

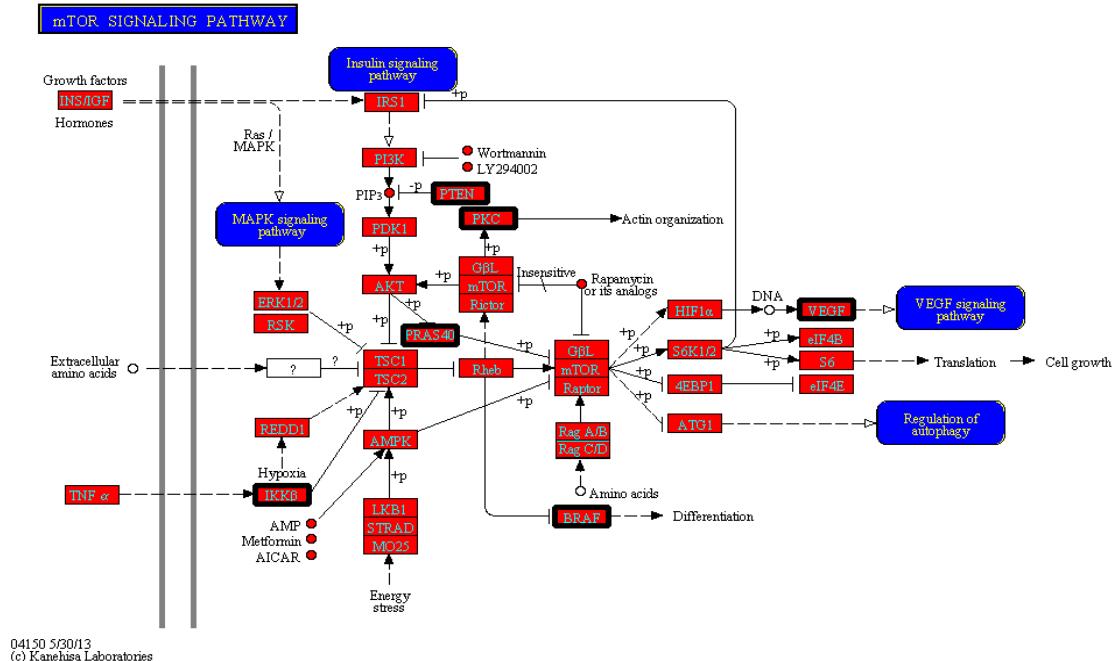


Figure S4. Reproducibility and diagnosis differences in levels of biomarkers.

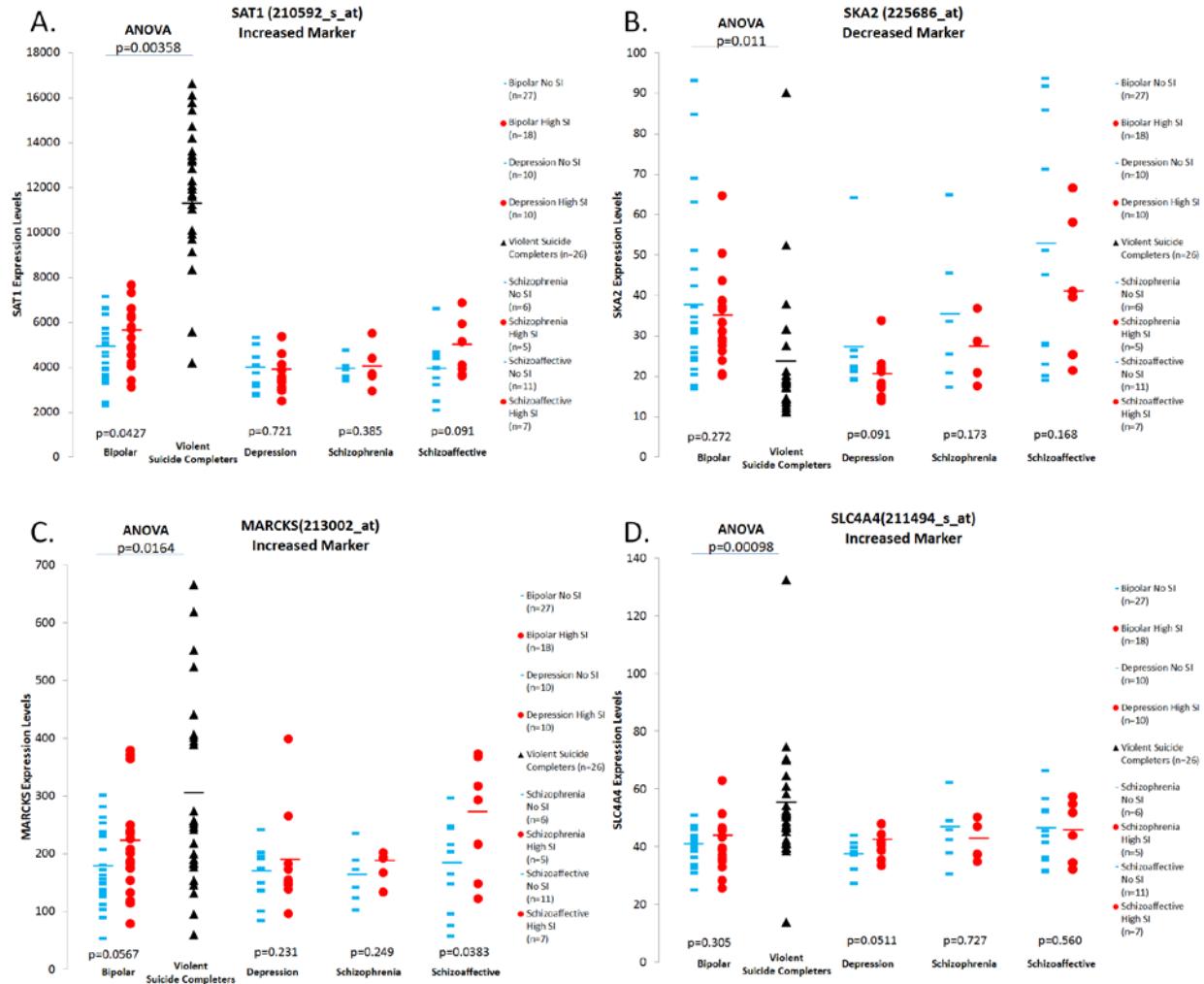


Table S1. Detailed Demographics

Cohort 1: Discovery Cohort (n=37) (106 visits)					
Subject ID visit	Diagnosis	Age	Gender	Ethnicity	HAMD SI
phchp016v1	SZ	54	M	African American	2
phchp016v2	SZ	54	M	African American	0
phchp016v3	SZ	54	M	African American	0
phchp023v1	BP	52	M	Caucasian	0
phchp023v2	BP	52	M	Caucasian	3
phchp023v3	BP	52	M	Caucasian	0
phchp042v1	SZA	43	M	Caucasian	3
phchp042v2	SZA	43	M	Caucasian	0
phchp042v3	SZA	44	M	Caucasian	0
phchp047v1	SZA	57	M	African American	2
phchp047v2	SZA	57	M	African American	0
phchp047v3	SZA	58	M	African American	0
phchp072v1	SZA	60	M	Caucasian	0
phchp072v2	SZA	60	M	Caucasian	0
phchp072v3	SZA	60	M	Caucasian	2
phchp088v2	BP	45	M	Caucasian	0
phchp088v3	BP	45	M	Caucasian	0
phchp088v4	BP	49	M	Caucasian	3
phchp088v5	BP	50	M	Caucasian	4
phchp089v1	SZA	33	M	Caucasian	0
phchp089v2	SZA	33	M	Caucasian	0
phchp089v4	SZA	38	M	Caucasian	3
phchp093v1	BP	51	M	Caucasian	0
phchp093v2	BP	51	M	Caucasian	0
phchp093v3	BP	52	M	Caucasian	3
phchp095v1	BP	28	M	Caucasian	3
phchp095v2	BP	29	M	Caucasian	0
phchp095v3	BP	29	M	Caucasian	2
phchp109v1	BP	22	M	Caucasian	0
phchp109v2	BP	25	M	Caucasian	3
phchp122v1	BP	51	M	Caucasian	0
phchp122v2	BP	51	M	Caucasian	2
phchp128v1	BP	45	M	Caucasian	2
phchp128v2	BP	45	M	Caucasian	0
phchp136v1	BP	41	M	Caucasian	0
phchp136v2	BP	41	M	Caucasian	0
phchp136v3	BP	41	M	Caucasian	3
phchp140v2	BP	38	M	Caucasian	3

phchp140v3	BP	38	M	Caucasian	2
phchp140v4	BP	40	M	Caucasian	0
phchp142v1	BP	55	M	Caucasian	0
phchp142v2	BP	55	M	Caucasian	0
phchp142v3	BP	55	M	Caucasian	0
phchp142v4	BP	57	M	Caucasian	2
phchp142v5	BP	57	M	Caucasian	0
phchp142v6	BP	58	M	Caucasian	0
phchp150v1	SZA	61	M	Caucasian	2
phchp150v2	SZA	61	M	Caucasian	0
phchp150v3	SZA	62	M	Caucasian	0
phchp153v1	BP	55	M	Caucasian	0
phchp153v2	BP	55	M	Caucasian	2
phchp153v3	BP	56	M	Caucasian	0
phchp153v4	BP	57	M	Caucasian	0
phchp153v6	BP	58	M	Caucasian	0
phchp155v1	MDD	37	M	Caucasian	3
phchp155v2	MDD	37	M	Caucasian	0
phchp161v1	MDD	54	M	African American	3
phchp161v2	MDD	54	M	African American	0
phchp161v3	MDD	54	M	African American	0
phchp179v1	BP	36	M	Caucasian	0
phchp179v2	BP	37	M	Caucasian	0
phchp179v4	BP	37	M	Caucasian	3
phchp182v1	MDD	39	M	Caucasian	2
phchp182v2	MDD	39	M	Caucasian	0
phchp182v3	MDD	40	M	Caucasian	3
phchp183v1	BP	48	M	Caucasian	3
phchp183v2	BP	48	M	Caucasian	0
phchp194v1	MDD	47	M	Caucasian	2
phchp194v2	MDD	47	M	Caucasian	0
phchp194v3	MDD	47	M	Caucasian	0
phchp198v1	MDD	61	M	Caucasian	4
phchp198v2	MDD	61	M	Caucasian	0
phchp198v4	MDD	62	M	Caucasian	0
phchp236v1	MDD	51	M	Caucasian	0
phchp236v2	MDD	51	M	Caucasian	3
phchp243v1	PTSD	50	M	African American	3
phchp243v2	PTSD	50	M	African American	0
phchp243v3	PTSD	52	M	African American	0
phchp248v1	SZ	52	M	African American	0
phchp248v2	SZ	52	M	African American	3
phchp248v3	SZ	53	M	African American	2

phchp266v1	MoodNOS	41	M	Caucasian	3
phchp266v2	MoodNOS	42	M	Caucasian	0
phchp266v3	MoodNOS	42	M	Caucasian	0
phchp277v1	SZ	49	M	Caucasian	0
phchp277v2	SZ	50	M	Caucasian	3
phchp277v3	SZ	50	M	Caucasian	0
phchp293v1	BP	43	M	Caucasian	0
phchp293v2	BP	44	M	Caucasian	2
phchp296v1	BP	48	M	Caucasian	0
phchp296v2	BP	49	M	Caucasian	2
phchp300v1	SZA	47	M	Caucasian	2
phchp300v2	SZA	47	M	Caucasian	0
phchp300v3	SZA	48	M	Caucasian	2
phchp304v1	MDD	52	M	Caucasian	2
phchp304v2	MDD	52	M	Caucasian	0
phchp304v3	MDD	52	M	Caucasian	2
phchp308v1	SZ	47	M	African American	3
phchp308v2	SZ	47	M	African American	0
phchp310v1	Mood NOS	54	M	African American	2
phchp310v2	Mood NOS	54	M	African American	0
phchp310v3	Mood NOS	54	M	African American	2
phchp319v1	PTSD	42	M	African American	0
phchp319v2	MDD	42	M	African American	4
phchp325v1	PTSD	44	M	Caucasian	3
phchp325v2	PTSD	44	M	Caucasian	0

Cohort 2: Coroner's Office Validation Cohort -gene expression data (n=26) and CFI-S data (n=35)

SubjectID-Visit	Dx	Age	Gender	Ethnicity	Method	CFI-S Score	Gene Expression
INBRAIN09	Bipolar/Schizophrenia	59	M	Caucasian	Hanging	0.5	Y
INBRAIN011	Depression/ADHD	26	M	Caucasian	GSW to chest	0.55	Y
INBRAIN012	Unknown	39	M	Caucasian	GSW - Head	0.5	Y
INBRAIN013	Depression	68	M	African American	GSW - Head	0.4	Y
INBRAIN014	None	27	M	Caucasian	Hanging	0.2	Y
INBRAIN015	None	40	M	Caucasian	Hanging	0.272	Y
INBRAIN016	Anxiety/TBI	68	M	Caucasian	GSW- head	0.684	Y
INBRAIN017	Depression	56	M	Caucasian	GSW to chest	0.7	Y
INBRAIN018	None	65	M	Caucasian	deep cut to wrist	0.786	Y
INBRAIN019	Depression	55	M	Caucasian	GSW to head & chest	0.45	Y
INBRAIN021		23	M	African	Hanging	0.375	Y

American							
INBRAIN022	Bipolar depression	38	M	Hispanic	GSW - Head	0.55	Y
INBRAIN023		18	M	Caucasian	Hanging	0.35	Y
INBRAIN024		23	M	Caucasian	Hanging	0.45	Y
INBRAIN025		31	M	African American	GSW - Head	0.4	Y
INBRAIN028	Alcoholism	67	M	Caucasian	GSW to chest	0.5	Y
INBRAIN030		22	M	African American	GSW- head	0.55	Y
INBRAIN033	Depression	26	M	Caucasian	GSW to chest	0.4	Y
INBRAIN035	Depression	58	M	Caucasian	Electrocution	0.5	Y
INBRAIN036		59	M	Caucasian	GSW to chest	0.444	Y
INBRAIN039		53	M	Caucasian	Hanging	0.6	Y
INBRAIN040		36	M	Caucasian	GSW- head	0.5	Y
INBRAIN044		23	M	Caucasian	Hanging	0.7	Y
INBRAIN048	Psychosis	26	M	Caucasian	GSW- head	0.762	Y
INBRAIN055	Depression	18	M	Caucasian	GSW - Head		Y
INBRAIN056	Depression	37	M	Caucasian	Hanging		Y
INBRAIN07	Depression/anxiety	57	M	Caucasian	CO Poisoning	0.615	N
INBRAIN08	Bipolar, untreated	31	M	Caucasian	Drug overdose	0.556	N
INBRAIN031		56	M	Caucasian	Drug overdose	0.563	N
INBRAIN037	Depression	24	M	Asian	Jump	0.368	N
INBRAIN041	Depression	76	M	Caucasian	GSW - Head	0.75	N
INBRAIN042		25	M	Caucasian	GSW - Head	0.545	N
INBRAIN043	None	28	M	Caucasian	GSW - Head	0.65	N
INBRAIN045		20	M	Caucasian	GSW - Head	0.6	N
INBRAIN046	Depression	65	M	Caucasian	GSW - Chest	0.667	N
INBRAIN047	Depression	57	M	Caucasian	GSW - Head	0.5	N
INBRAIN049	Depression, untreated	41	M	Caucasian	GSW - Head	0.55	N

Coroner's Office Validation Cohort -Toxicology

Subject ID	Toxicology
INBRAIN09	NA
INBRAIN011	ALPRAZOLAM 3.2 NG/ML TRAMADOL 331 NG/ML NORTRAMADOL 179 NG/ML BUPROPION 136 NG/ML CITALOPRAM/ESCITALOPRAM 229 NG/ML CAFFEINE COTININE
INBRAIN012	NEGATIVE
INBRAIN013	CAFFEINE
INBRAIN014	ETHANOL 0.15 % (W/V) CAFFEINE
INBRAIN015	ETHANOL 0.119 % (W/V) CAFFEINE
INBRAIN016	DIAZEPAM 155 NORDIAZEPAM 61.9 ALPRAZOLAM 6.8 ATENOLOL WARFARIN CAFFEINE
INBRAIN017	CLONAZEPAM 6 6 7-AMINOCLONAZEPAM 73.7 Glucose positive urine THC 2.0 THC-COOH 10.5 ETHANOL 0.130 FLUOXETINE 636 NORFLUOXETINE 359 VENLAFAXINE 1641 NORVENLAFAXINE 136 CAFFEINE
INBRAIN018	ETHANOL 0.057 %(W/V) AMIODARONE CAFFEINE COTININE
INBRAIN019	ALPRAZOLAM 169 CAFFEINE

INBRAIN021	THC 8.9 THC 60.2 ISOPROPANOL 0.042
INBRAIN022	ETHANOL 0.185 CAFFEINE
INBRAIN023	CAFFEINE POSITIVE
INBRAIN024	CAFFEINE POSITIVE
INBRAIN025	THC 1.2 THC-COOH 12.0 CAFFEINE
INBRAIN028	ETHANOL 0.354 ANTIHISTAMINES DIPHENHYRAMINE 178 AMLODIPINE 19.9 CAFFEINE
INBRAIN030	CAFFEINE POSITIVE
INBRAIN033	ETHANOL 0.128 CITALOPRAM 294 CAFFEINE
INBRAIN035	VENLAFAXINE 231 NORVENLAXFAXINE 452 AMLODIPINE 45.3 CAFFEINE
INBRAIN036	NEGATIVE
INBRAIN039	ETHANOL 0.158 CAFFEINE
INBRAIN040	IBUPROFEN 8.2 CAFFEINE
INBRAIN044	THC 10.3 THC-COOH 143
INBRAIN048	CARBOXY THC 78 ng/ml CAFFEINE
INBRAIN055	THC-COOH 4.3 ng/ml CARBOXY THC 69 ng/ml
INBRAIN056	NEGATIVE

Cohort 3: Test Cohort for Suicidal Ideation (n=108) (223 visits)

Subject ID visit	Diagnosis	Age	Gender	Ethnicity	SI
phchp003v1	SZ	50	M	African American	0
phchp005v1	SZA	45	M	Caucasian	0
phchp005v2	SZA	45	M	Caucasian	0
phchp005v3	SZA	45	M	Caucasian	0
phchp006v1	SZA	52	M	African American	0
phchp006v2	SZA	52	M	African American	0
phchp008v1	SZ	47	M	African American	0
phchp010v1	SZA	45	M	Caucasian	0
phchp010v2	SZA	45	M	Caucasian	0
phchp010v3	SZA	45	M	Caucasian	0
phchp013v1	SZA	53	M	African American	0
phchp013v3	SZA	54	M	African American	0
phchp015v1	SZ	48	M	African American	0
phchp015v2	SZ	49	M	African American	0
phchp017v2	SZA	53	M	African American	0
phchp017v3	SZA	54	M	African American	0
phchp019v1	SZ	50	M	African American	0
phchp019v2	SZ	51	M	African American	0
phchp019v3	SZ	51	M	African American	0
phchp021v1	SZA	48	M	Hispanic	0
phchp021v2	SZA	49	M	Hispanic	0
phchp021v3	SZA	49	M	Hispanic	0
phchp022v1	SZ	48	M	Caucasian	0
phchp022v2	SZ	48	M	Caucasian	0
phchp024v1	SZA	49	M	African American	0
phchp025v1	SZ	42	M	Caucasian	0
phchp026v1	SZA	49	M	African American	1
phchp026v2	SZA	49	M	African American	0
phchp026v3	SZA	49	M	African American	0
phchp027v1	SZA	40	M	Caucasian	0
phchp029v1	MDD	56	M	Caucasian	3
phchp030v1	BP	49	M	Caucasian	0
phchp030v3	BP	49	M	Caucasian	0
phchp031v1	BP	51	M	Caucasian	0
phchp031v2	BP	51	M	Caucasian	0
phchp031v3	BP	52	M	Caucasian	0
phchp033v1	SZA	48	M	Caucasian	3
phchp039v1	BP	52	M	Caucasian	0

phchp039v3	BP	52	M	Caucasian	0
phchp040v1	SZA	50	M	Caucasian	0
phchp040v2	SZA	50	M	Caucasian	0
phchp040v3	SZA	50	M	Caucasian	0
phchp045v1	BP	36	M	Caucasian	1
phchp045v3	BP	36	M	Caucasian	0
phchp046v1	SZA	45	M	Caucasian	0
phchp046v2	SZA	45	M	Caucasian	0
phchp046v3	SZA	45	M	Caucasian	0
phchp049v1	SZA	46	M	Caucasian	2
phchp049v2	SZA	47	M	Caucasian	1
phchp051v1	SZA	52	M	Caucasian	0
phchp052v1	SZ	60	M	Caucasian	2
phchp052v2	SZ	60	M	Caucasian	2
phchp052v3	SZ	60	M	Caucasian	2
phchp056v1	BP	36	M	Caucasian	0
phchp057v1	SZA	47	M	Caucasian	0
phchp061v1	SZ	49	M	Caucasian	0
phchp061v2	SZ	49	M	Caucasian	1
phchp061v3	SZ	50	M	Caucasian	1
phchp067v1	BP	39	M	Caucasian	0
phchp067v3	BP	40	M	Caucasian	1
phchp069v1	SZ	47	M	Caucasian	0
phchp069v2	SZ	47	M	Caucasian	0
phchp069v3	SZ	48	M	Caucasian	0
phchp070v1	SZ	52	M	African American	0
phchp070v2	SZ	52	M	African American	0
phchp070v3	SZ	52	M	African American	0
phchp073v1	SZA	50	M	Caucasian	0
phchp073v2	SZA	50	M	Caucasian	1
phchp073v3	SZA	50	M	Caucasian	0
phchp079v1	BP	44	M	Caucasian	1
phchp079v2	BP	44	M	Caucasian	0
phchp079v3	BP	45	M	Caucasian	0
phchp079v4	BP	49	M	Caucasian	0
phchp079v5	BP	50	M	Caucasian	0
phchp079v6	BP	50	M	Caucasian	0
phchp080v1	BP	44	M	Caucasian	0
phchp081v1	SZA	53	M	African American	3
phchp081v3	SZA	53	M	African American	3
phchp083v1	SZ	50	M	African American	0
phchp083v2	SZ	50	M	African American	0
phchp083v3	SZ	51	M	African American	0

phchp086v1	SZ	49	M	Caucasian	0
phchp086v2	SZ	49	M	Caucasian	0
phchp086v3	SZ	49	M	Caucasian	0
phchp092v1	BP	45	M	African American	0
phchp092v2	BP	46	M	African American	0
phchp092v3	BP	46	M	African American	0
phchp094v1	BP	41	M	African American	0
phchp099v1	SZ	49	M	Caucasian	1
phchp099v2	SZ	49	M	Caucasian	1
phchp099v3	SZ	49	M	Caucasian	0
phchp100v1	BP	28	M	Caucasian	0
phchp101v1	SZA	74	M	Caucasian	3
phchp102v1	SZA	56	M	Caucasian	2
phchp102v2	SZA	56	M	Caucasian	1
phchp102v3	SZA	56	M	Caucasian	2
phchp103v1	SZA	61	M	Caucasian	1
phchp108v1	SZ	42	M	Caucasian	0
phchp108v2	SZ	42	M	Caucasian	0
phchp108v3	SZ	43	M	Caucasian	0
phchp112v1	BP	46	M	Caucasian/Native Australian	0
phchp112v2	BP	46	M	Caucasian	0
phchp112v3	BP	47	M	Caucasian	0
phchp113v1	BP	37	M	Caucasian	1
phchp114v1	SZA	54	M	African American	0
phchp116v1	SZA	47	M	Caucasian	2
phchp117v1	BP	43	M	Caucasian	0
phchp117v2	BP	43	M	Caucasian	0
phchp117v3	BP	43	M	Caucasian	0
phchp118v1	SZA	46	M	African American	0
phchp118v2	SZA	47	M	African American	0
phchp118v4	SZA	50	M	African American	0
phchp120v1	SZ	51	M	Caucasian	0
phchp120v2	SZ	51	M	Caucasian	0
phchp120v3	SZ	51	M	Caucasian	0
phchp124v1	BP	53	M	Caucasian	0
phchp132v1	BP	51	M	Caucasian	0
phchp132v2	BP	51	M	Caucasian	0
phchp132v3	BP	52	M	Caucasian	0
phchp139v1	SZ	24	M	Caucasian	0
phchp147v1	BP	38	M	Caucasian	0
phchp147v2	BP	38	M	Caucasian	0
phchp147v3	BP	38	M	Caucasian	0
phchp148v1	SZ	25	M	Caucasian	0

phchp149v1	BP	45	M	Caucasian	0
phchp149v2	BP	45	M	Caucasian	0
phchp149v3	BP	46	M	Caucasian	0
phchp151v1	SZ	24	M	Caucasian	4
phchp151v2	SZ	24	M	Caucasian	2
phchp151v3	SZ	24	M	Caucasian	1
phchp152v1	BP	45	M	Caucasian	2
phchp154v1	SZA	51	M	African American	0
phchp154v2	SZA	51	M	African American	0
phchp154v3	SZA	52	M	African American	0
phchp158v1	BP	23	M	African American	4
phchp162v1	MDD	57	M	Caucasian	3
phchp162v2	MDD	57	M	Caucasian	2
phchp162v3	MDD	57	M	Caucasian	2
phchp167v1	MDD	49	M	Caucasian	0
phchp168v1	MDD	48	M	African American	0
phchp168v2	MDD	48	M	African American	0
phchp168v3	MDD	49	M	African American	0
phchp169v1	SZA	50	M	African American	0
phchp171v1	BP	36	M	Caucasian	0
phchp171v2	BP	36	M	Caucasian	0
phchp173v1	MDD	48	M	Caucasian	0
phchp173v2	MDD	49	M	Caucasian	0
phchp173v3	MDD	49	M	Caucasian	0
phchp174v1	MDD	54	M	Caucasian	3
phchp175v1	SZA	42	M	Caucasian	0
phchp176v1	SZ	23	M	African American	0
phchp176v2	SZ	24	M	African American	0
phchp178v1	BP	49	M	Caucasian	0
phchp185v1	SZA	51	M	African American	0
phchp185v2	SZA	51	M	African American	0
phchp185v3	SZA	52	M	African American	0
phchp186v1	BP	43	M	Caucasian	0
phchp186v2	BP	44	M	Caucasian	0
phchp186v3	BP	44	M	Caucasian	0
phchp186v4	BP	46	M	Caucasian	0
phchp187v1	SZ	49	M	African American	0
phchp187v2	SZ	49	M	African American	0
phchp188v1	SZ	54	M	African American	0
phchp189v1	SZ	25	M	Caucasian	1
phchp190v1	BP	49	M	Caucasian	1
phchp190v2	BP	49	M	Caucasian	0
phchp195v1	SZ	52	M	Caucasian	0

phchp195v2	SZ	53	M	Caucasian	0
phchp195v3	SZ	53	M	Caucasian	0
phchp196v1	MDD	56	M	African American	0
phchp196v2	MDD	56	M	African American	0
phchp196v3	MDD	57	M	African American	0
phchp199v1	SZ	49	M	African American	0
phchp199v2	SZ	49	M	African American	0
phchp199v3	SZ	50	M	African American	0
phchp200v1	MDD	56	M	Caucasian	0
phchp200v2	MDD	57	M	Caucasian	0
phchp200v3	MDD	57	M	Caucasian	0
phchp206v1	MDD	59	M	African American	0
phchp207v1	SZ	48	M	African American	1
phchp208v1	MDD	56	M	African American	0
phchp208v2	MDD	56	M	African American	0
phchp208v3	MDD	58	M	African American	0
phchp212v1	MDD	56	M	African American	0
phchp212v2	MDD	56	M	African American	0
phchp221v1	MDD	51	M	African American	0
phchp221v2	MDD	51	M	African American	0
phchp221v3	MDD	52	M	African American	0
phchp224v1	BP	59	M	Caucasian	4
phchp226v1	MDD	29	M	Caucasian	0
phchp226v2	MDD	29	M	Caucasian	0
phchp226v3	MDD	30	M	Caucasian	0
phchp227v1	MDD	55	M	Caucasian	0
phchp227v2	MDD	55	M	Caucasian	0
phchp227v3	MDD	55	M	Caucasian	0
phchp231v1	MDD	55	M	Caucasian	2
phchp234v1	BP	44	M	Caucasian	2
phchp234v2	BP	45	M	Caucasian	2
phchp234v3	BP	45	M	Caucasian	1
phchp235v1	MDD	54	M	African American	0
phchp235v2	MDD	55	M	African American	0
phchp235v3	MDD	55	M	African American	0
phchp238v1	MDD	62	M	Caucasian	0
phchp242v1	MDD	55	M	African American	0
phchp242v2	MDD	57	M	African American	0
phchp247v1	MDD	55	M	African American	0
phchp259v1	MDD	56	M	Caucasian	0
phchp259v2	MDD	57	M	Caucasian	0
phchp259v3	MDD	57	M	Caucasian	0
phchp273v1	BP	27	M	Caucasian	3

phchp273v2	BP	28	M	Caucasian	2
phchp274v1	BP	48	M	Caucasian	3
phchp274v2	BP	48	M	Caucasian	3
phchp274v3	BP	48	M	Caucasian	1
phchp283v1	SZ	51	M	Caucasian	0
phchp295v1	SZ	52	M	African American	0
phchp297v1	SZA	54	M	African American	0
phchp315v1	MDD	62	M	Caucasian	0
phchp322v1	BP	26	M	Caucasian	4
phchp324v1	MDD	33	M	African American	4
phchp327v1	MDD	42	M	Caucasian	3
phchp333v1	MDD	38	M	Caucasian	4
phchp335v1	MDD	25	M	Caucasian	3

Cohort 4: Testing cohort for future hospitalizations for suicidality (n=157) (373 chips)
 (SI- Suicidal Ideation, SA- Suicide Attempts)

Subject ID visit	Diag nosi s	Age	Gend er	Ethnicity	Years Followed	Number Of First Year Hospitalizations Due To Suicidality		Number Of All Future Hospitalizations Due To Suicidality		Hospitalizations Frequency Due To Suicidality	
						SI	SA	SI	SA	SI	SA
phchp003 v1	SZ	50	M	African American	8.5	0	0	0	0	0	0
phchp003 v2	SZ	50	M	African American	8	0	0	0	0	0	0
phchp003 v3	SZ	50	M	African American	7.75	0	0	0	0	0	0
phchp004 v1	SZA	55	M	African American	8.416667	0	0	0	0	0	0
phchp004 v2	SZA	60	M	African American	2.083333	0	0	0	0	0	0
phchp004 v4	SZA	60	M	African American	1.75	0	0	0	0	0	0
phchp005 v1	SZA	45	M	Caucasian	8.083333	0	0	1	0	0.13	0
phchp005 v2	SZA	45	M	Caucasian	7.75	0	0	1	0	0.13	0
phchp005 v3	SZA	45	M	Caucasian	7.5	0	0	1	0	0.14	0
phchp006 v1	SZA	52	M	African American	5.666667	0	0	0	0	0	0
phchp006 v2	SZA	52	M	African American	5.5	0	0	0	0	0	0
phchp008 v1	SZ	47	M	African American	5.25	1	0	1	0	0.2	0
phchp009 v1	SZ	55	M	African American	6.5	0	0	0	0	0	0
phchp009 v3	SZ	56	M	African American	6	0	0	0	0	0	0
phchp010 v1	SZA	45	M	Caucasian	8	0	0	0	0	0	0
phchp010 v2	SZA	45	M	Caucasian	7.75	0	0	0	0	0	0
phchp010	SZA	45	M	Caucasian	7.5	0	0	0	0	0	0

v3

phchp012 v1	SZA	55	M	Caucasian	3.833333	0 0	1 0	0.27 0
phchp012 v2	SZA	55	M	Caucasian	3.583333	0 0	1 0	0.28 0
phchp012 v3	SZA	55	M	Caucasian	3.333333	0 0	1 0	0.3 0
phchp013 v1	SZA	53	M	African American	8	0 0	0 0	0 0
phchp013 v3	SZA	54	M	African American	7.5	0 0	0 0	0 0
phchp014 v1	SZA	55	M	African American	8.25	0 0	1 0	0.13 0
phchp015 v1	SZ	48	M	African American	8.25	0 0	1 1	0.13 0.13
phchp015 v2	SZ	49	M	African American	7.916667	0 0	1 1	0.13 0.13
phchp016 v1	SZ	54	M	African American	5.5	0 0	0 0	0 0
phchp016 v2	SZ	54	M	African American	5.25	0 0	0 0	0 0
phchp016 v3	SZ	54	M	African American	5	0 0	0 0	0 0
phchp017 v2	SZA	53	M	African American	1.5	0 0	0 0	0 0
phchp017 v3	SZA	54	M	African American	1	0 0	0 0	0 0
phchp019 v1	SZ	50	M	African American	7.666667	0 0	1 0	0.14 0
phchp019 v2	SZ	51	M	African American	7.333333	0 0	1 0	0.14 0
phchp019 v3	SZ	51	M	African American	6.916667	0 0	1 0	0.15 0
phchp020 v1	BP	62	M	Caucasian	7.083333	0 0	0 0	0 0
phchp020 v2	BP	62	M	Caucasian	6.833333	0 0	0 0	0 0
phchp020	BP	63	M	Caucasian	6.5	0 0	0 0	0 0

v3

phchp021 v1	SZA	48	M	Hispanic	7.083333	0 0	2 1	0.29 0.15
phchp021 v2	SZA	49	M	Hispanic	6.833333	0 0	2 1	0.3 0.15
phchp021 v3	SZA	49	M	Hispanic	6.5	0 0	2 1	0.31 0.16
phchp022 v1	SZ	48	M	Caucasian	7.583333	0 0	0 0	0 0
phchp022 v2	SZ	48	M	Caucasian	7.333333	0 0	0 0	0 0
phchp024 v1	SZA	49	M	African American	7.75	1 0	2 0	0.26 0
phchp025 v1	SZ	42	M	Caucasian	7.75	0 0	0 0	0 0
phchp026 v1	SZA	49	M	African American	2.916667	0 0	0 0	0 0
phchp026 v2	SZA	49	M	African American	2.666667	0 0	0 0	0 0
phchp026 v3	SZA	49	M	African American	2.333333	0 0	0 0	0 0
phchp027 v1	SZA	40	M	Caucasian	7.5	0 0	3 0	0.4 0
phchp030 v1	BP	49	M	Caucasian	6.916667	1 0	4 0	0.58 0
phchp030 v3	BP	49	M	Caucasian	6.25	0 0	3 0	0.48 0
phchp031 v1	BP	51	M	Caucasian	4.666667	0 0	0 0	0 0
phchp031 v2	BP	51	M	Caucasian	4.333333	0 0	0 0	0 0
phchp031 v3	BP	52	M	Caucasian	4.083333	0 0	0 0	0 0
phchp033 v1	SZA	48	M	Caucasian	2.5	0 0	1 0	0.4 0
phchp038 v1	SZA	58	M	African American	7.25	0 0	0 0	0 0
phchp038	SZA	58	M	African	7	0 0	0 0	0 0

v2				American					
phchp038 v3	SZA	59	M	African American	6.75	0 0	0 0	0 0	0 0
phchp039 v1	BP	52	M	Caucasian	6.75	0 0	0 0	0 0	0 0
phchp039 v3	BP	52	M	Caucasian	6.083333	0 0	0 0	0 0	0 0
phchp040 v1	SZA	50	M	Caucasian	5.833333	0 0	0 0	0 0	0 0
phchp040 v2	SZA	50	M	Caucasian	5.583333	0 0	0 0	0 0	0 0
phchp040 v3	SZA	50	M	Caucasian	5.333333	0 0	0 0	0 0	0 0
phchp041 v1	SZ	62	M	African American	7.333333	0 0	0 0	0 0	0 0
phchp042 v1	SZA	43	M	Caucasian	6	0 0	0 0	0 0	0 0
phchp042 v2	SZA	43	M	Caucasian	5.75	0 0	0 0	0 0	0 0
phchp042 v3	SZA	44	M	Caucasian	5.5	0 0	0 0	0 0	0 0
phchp045 v1	BP	36	M	Caucasian	7	0 0	0 0	0 0	0 0
phchp045 v3	BP	36	M	Caucasian	6.416667	0 0	0 0	0 0	0 0
phchp046 v1	SZA	45	M	Caucasian	7.083333	0 0	0 0	0 0	0 0
phchp046 v2	SZA	45	M	Caucasian	6.916667	0 0	0 0	0 0	0 0
phchp046 v3	SZA	45	M	Caucasian	6.666667	0 0	0 0	0 0	0 0
phchp047 v1	SZA	57	M	African American	6.333333	0 0	1 1	0.16 0.16	
phchp047 v2	SZA	57	M	African American	6.083333	0 0	1 1	0.17 0.17	
phchp047 v3	SZA	58	M	African American	5.833333	0 0	1 1	0.18 0.18	
phchp048	SZA	56	M	African	5.25	0 0	0 0	0 0	0 0

v1				American				
phchp048 v2	SZA	57	M	African American	5.083333	0 0	0 0	0 0
phchp048 v3	SZA	57	M	African American	4.75	0 0	0 0	0 0
phchp049 v1	SZA	46	M	Caucasian	6.916667	0 0	0 0	0 0
phchp049 v2	SZA	47	M	Caucasian	6.666667	0 0	0 0	0 0
phchp051 v1	SZA	52	M	Caucasian	6.833333	0 0	0 0	0 0
phchp052 v1	SZ	60	M	Caucasian	1.166667	0 0	0 0	0 0
phchp053 v1	BP	58	M	Caucasian	6.333333	0 0	0 0	0 0
phchp053 v2	BP	58	M	Caucasian	6	0 0	0 0	0 0
phchp053 v3	BP	58	M	Caucasian	5.75	0 0	0 0	0 0
phchp057 v1	SZA	47	M	Caucasian	6.833333	0 0	0 0	0 0
phchp058 v1	SZ	56	M	African American	6.833333	0 0	0 0	0 0
phchp058 v2	SZ	56	M	African American	6.583333	0 0	0 0	0 0
phchp058 v3	SZ	56	M	African American	6.333333	0 0	0 0	0 0
phchp060 v1	SZ	62	M	Caucasian	3.5	0 0	0 0	0 0
phchp061 v1	SZ	49	M	Caucasian	7.083333	1 0	4 0	0.57 0
phchp061 v2	SZ	49	M	Caucasian	6.833333	1 0	4 0	0.59 0
phchp061 v3	SZ	50	M	Caucasian	6.166667	3 0	4 0	0.65 0
phchp062 v1	SZ	56	M	Caucasian	6.75	0 0	0 0	0 0
phchp062	SZ	56	M	Caucasian	6.5	0 0	0 0	0 0

v2

phchp062 v3	SZ	57	M	Caucasian	6.25	0 0	0 0	0 0
phchp065 v1	SZA	62	M	Caucasian	6.583333	0 0	0 0	0 0
phchp065 v2	SZA	62	M	Caucasian	6.333333	0 0	0 0	0 0
phchp065 v3	SZA	62	M	Caucasian	6.083333	0 0	0 0	0 0
phchp067 v1	BP	39	M	Caucasian	5.916667	0 0	0 0	0 0
phchp067 v3	BP	40	M	Caucasian	5.333333	0 0	0 0	0 0
phchp068 v1	SZA	57	M	African American	6.666667	0 0	0 0	0 0
phchp068 v2	SZA	57	M	African American	6.333333	0 0	0 0	0 0
phchp068 v3	SZA	57	M	African American	6	0 0	0 0	0 0
phchp069 v1	SZ	47	M	Caucasian	6.583333	0 0	0 0	0 0
phchp069 v2	SZ	47	M	Caucasian	6.333333	0 0	0 0	0 0
phchp069 v3	SZ	48	M	Caucasian	6.083333	0 0	0 0	0 0
phchp070 v1	SZ	52	M	African American	6.583333	0 0	0 0	0 0
phchp070 v2	SZ	52	M	African American	6.25	0 0	0 0	0 0
phchp070 v3	SZ	52	M	African American	6	0 0	0 0	0 0
phchp070 v4	SZ	56	M	African American	2.083333	0 0	0 0	0 0
phchp070 v5	SZ	56	M	African American	1.833333	0 0	0 0	0 0
phchp070 v6	SZ	57	M	African American	1.583333	0 0	0 0	0 0
phchp072	SZA	60	M	Caucasian	6.5	0 0	1 0	0.16 0

v1									
phchp072 v2	SZA	60	M	Caucasian	6.25	0 0	1 0	0.16	0
phchp072 v3	SZA	60	M	Caucasian	5.916667	0 0	1 0	0.17	0
phchp073 v1	SZA	50	M	Caucasian	5.5	0 0	12 0	2.19	0
phchp073 v2	SZA	50	M	Caucasian	5.166667	0 0	12 0	2.33	0
phchp073 v3	SZA	50	M	Caucasian	4.916667	0 0	12 0	2.45	0
phchp075 v1	SZA	57	M	Caucasian	6.166667	0 0	3 0	0.49	0
phchp075 v2	SZA	58	M	Caucasian	5.916667	0 0	3 0	0.51	0
phchp075 v3	SZA	58	M	Caucasian	5.666667	0 0	3 0	0.53	0
phchp079 v1	BP	44	M	Caucasian	6.25	0 0	0 0	0	0
phchp079 v2	BP	44	M	Caucasian	6	0 0	0 0	0	0
phchp079 v3	BP	45	M	Caucasian	5.75	0 0	0 0	0	0
phchp079 v4	BP	49	M	Caucasian	1.083333	0 0	0 0	0	0
phchp080 v1	BP	44	M	Caucasian	5.416667	0 0	0 0	0	0
phchp081 v1	SZA	53	M	African American	1.166667	0 0	0 0	0	0
phchp083 v1	SZ	50	M	African American	6	0 0	0 0	0	0
phchp083 v2	SZ	50	M	African American	5.75	0 0	0 0	0	0
phchp083 v3	SZ	51	M	African American	5.5	0 0	0 0	0	0
phchp085 v1	SZA	57	M	Caucasian	5.75	0 0	0 0	0	0
phchp085	SZA	57	M	Caucasian	5.5	0 0	0 0	0	0

v2

phchp085 v3	SZA	57	M	Caucasian	5.25	0 0	0 0	0 0
phchp086 v1	SZ	49	M	Caucasian	5.666667	0 0	0 0	0 0
phchp086 v2	SZ	49	M	Caucasian	5.416667	0 0	0 0	0 0
phchp086 v3	SZ	49	M	Caucasian	5.083333	0 0	0 0	0 0
phchp087 v1	SZA	65	M	Caucasian	5.833333	0 0	0 0	0 0
phchp087 v2	SZA	66	M	Caucasian	5.5	0 0	0 0	0 0
phchp087 v3	SZA	66	M	Caucasian	5.25	0 0	0 0	0 0
phchp088 v1	BP	44	M	Caucasian	5.916667	3 0	17 1	2.88 0.17
phchp088 v2	BP	45	M	Caucasian	5.75	2 0	16 1	2.79 0.18
phchp088 v3	BP	45	M	Caucasian	5.333333	1 0	15 1	2.82 0.19
phchp088 v4	BP	49	M	Caucasian	1.333333	8 1	8 1	6.01 0.75
phchp089 v1	SZA	33	M	Caucasian	5.75	0 0	1 0	0.18 0
phchp089 v2	SZA	33	M	Caucasian	5.5	0 0	1 0	0.19 0
phchp091 v1	SZA	55	M	Caucasian	5.333333	0 0	0 0	0 0
phchp091 v2	SZA	55	M	Caucasian	5.083333	0 0	0 0	0 0
phchp091 v3	SZA	55	M	Caucasian	4.833333	0 0	0 0	0 0
phchp092 v1	BP	45	M	African American	5.75	0 0	0 0	0 0
phchp092 v2	BP	46	M	African American	5.333333	0 0	0 0	0 0
phchp092	BP	46	M	African	5.166667	0 0	0 0	0 0

v3		American								
phchp093 v1	BP	51	M	Caucasian	4.25	1	0	2	0	0.48 0
phchp093 v2	BP	51	M	Caucasian	4	1	0	2	0	0.5 0
phchp093 v3	BP	52	M	Caucasian	3.75	0	0	1	0	0.27 0
phchp094 v1	BP	41	M	African American	4.666667	0	0	0	0	0 0
phchp095 v1	BP	28	M	Caucasian	4.25	2	0	2	0	0.48 0
phchp095 v2	BP	29	M	Caucasian	4	2	0	2	0	0.5 0
phchp095 v3	BP	29	M	Caucasian	3.75	1	0	1	0	0.27 0
phchp096 v1	SZ	55	M	African American	4.833333	0	0	0	0	0 0
phchp096 v3	SZ	56	M	African American	4.333333	0	0	0	0	0 0
phchp096 v4	SZ	58	M	African American	2.416667	0	0	0	0	0 0
phchp098 v1	SZ	59	M	African American	4.75	0	0	0	0	0 0
phchp099 v1	SZ	49	M	Caucasian	4.583333	0	0	0	0	0 0
phchp099 v2	SZ	49	M	Caucasian	4.333333	0	0	0	0	0 0
phchp099 v3	SZ	49	M	Caucasian	4	0	0	0	0	0 0
phchp100 v1	BP	28	M	Caucasian	1.583333	0	0	0	0	0 0
phchp103 v1	SZA	61	M	Caucasian	2.583333	1	0	1	0	0.39 0
phchp105 v1	SZA	59	M	Caucasian	2.833333	0	0	0	0	0 0
phchp108 v1	SZ	42	M	Caucasian	4.083333	0	0	0	0	0 0
phchp108	SZ	42	M	Caucasian	3.833333	0	0	0	0	0 0

v2

phchp108 v3	SZ	43	M	Caucasian	3.583333	0 0	0 0	0 0
phchp109 v1	BP	22	M	Caucasian	3.583333	0 0	3 0	0.84 0
phchp112 v1	BP	46	M	Caucasian/Nati ve Australian	1.583333	0 0	0 0	0 0
phchp112 v2	BP	46	M	Caucasian	1.333333	0 0	0 0	0 0
phchp112 v3	BP	47	M	Caucasian	1	0 0	0 0	0 0
phchp113 v1	BP	37	M	Caucasian	3.333333	0 0	0 0	0 0
phchp114 v1	SZA	54	M	African American	3.75	0 0	0 0	0 0
phchp115 v1	BP	67	M	Caucasian	4.416667	0 0	0 0	0 0
phchp115 v2	BP	67	M	Caucasian	4.166667	0 0	0 0	0 0
phchp115 v3	BP	68	M	Caucasian	3.916667	0 0	0 0	0 0
phchp117 v1	BP	43	M	Caucasian	3.333333	0 0	0 0	0 0
phchp117 v2	BP	43	M	Caucasian	3.083333	0 0	0 0	0 0
phchp117 v3	BP	43	M	Caucasian	2.833333	0 0	0 0	0 0
phchp118 v1	SZA	46	M	African American	3.75	0 0	0 0	0 0
phchp118 v2	SZA	47	M	African American	3.166667	0 0	0 0	0 0
phchp119 v2	SZA	56	M	African American	3.583333	0 0	0 0	0 0
phchp119 v3	SZA	56	M	African American	3.333333	0 0	0 0	0 0
phchp120 v1	SZ	51	M	Caucasian	4	0 0	0 0	0 0
phchp120	SZ	51	M	Caucasian	3.75	0 0	0 0	0 0

v2

phchp120 v3	SZ	51	M	Caucasian	3.5	0 0	0 0	0 0
phchp124 v1	BP	53	M	Caucasian	3.166667	1 0	4 0	1.27 0
phchp124 v2	BP	54	M	Caucasian	2.833333	0 0	3 0	1.06 0
phchp128 v1	BP	45	M	Caucasian	4.083333	0 0	0 0	0 0
phchp128 v2	BP	45	M	Caucasian	3.75	0 0	0 0	0 0
phchp129 v1	SZA	22	M	Caucasian	3.916667	0 0	1 0	0.26 0
phchp132 v1	BP	51	M	Caucasian	3.916667	0 0	0 0	0 0
phchp132 v2	BP	51	M	Caucasian	3.666667	0 0	0 0	0 0
phchp132 v3	BP	52	M	Caucasian	3.416667	0 0	0 0	0 0
phchp132 v4	BP	54	M	Caucasian	1.25	0 0	0 0	0 0
phchp133 v1	SZ	55	M	Caucasian	4	0 0	4 0	1 0
phchp134 v1	BP	59	M	Caucasian	4	0 0	0 0	0 0
phchp134 v2	BP	59	M	Caucasian	3.75	0 0	0 0	0 0
phchp134 v3	BP	59	M	Caucasian	3.5	0 0	0 0	0 0
phchp134 v4	BP	61	M	Caucasian	1.333333	0 0	0 0	0 0
phchp134 v5	BP	62	M	Caucasian	1.083333	0 0	0 0	0 0
phchp136 v1	BP	41	M	Caucasian	3.166667	0 0	0 0	0 0
phchp136 v2	BP	41	M	Caucasian	2.916667	0 0	0 0	0 0
phchp136	BP	41	M	Caucasian	2.583333	0 0	0 0	0 0

v3

phchp140 v1	BP	38	M	Caucasian	3.083333	0 0	0 0	0 0
phchp140 v2	BP	38	M	Caucasian	2.833333	0 0	0 0	0 0
phchp140 v3	BP	38	M	Caucasian	2.583333	0 0	0 0	0 0
phchp142 v1	BP	55	M	Caucasian	3.833333	0 0	0 0	0 0
phchp142 v2	BP	55	M	Caucasian	3.583333	0 0	0 0	0 0
phchp142 v3	BP	55	M	Caucasian	3.333333	0 0	0 0	0 0
phchp142 v4	BP	57	M	Caucasian	1.333333	0 0	0 0	0 0
phchp142 v5	BP	57	M	Caucasian	1.083333	0 0	0 0	0 0
phchp147 v1	BP	38	M	Caucasian	3.666667	0 0	0 0	0 0
phchp147 v2	BP	38	M	Caucasian	3.416667	0 0	0 0	0 0
phchp147 v3	BP	38	M	Caucasian	3.166667	0 0	0 0	0 0
phchp148 v1	SZ	25	M	Caucasian	3.416667	0 0	0 0	0 0
phchp149 v1	BP	45	M	Caucasian	3.333333	0 0	1 0	0.3 0
phchp149 v2	BP	45	M	Caucasian	3.083333	0 0	1 0	0.33 0
phchp149 v3	BP	46	M	Caucasian	2.75	0 0	1 0	0.37 0
phchp151 v1	SZ	24	M	Caucasian	3.833333	0 1	0 1	0 0.27
phchp151 v2	SZ	24	M	Caucasian	3.583333	0 0	0 0	0 0
phchp151 v3	SZ	24	M	Caucasian	3.25	0 0	0 0	0 0
phchp152	BP	45	M	Caucasian	3.5	0 0	0 0	0 0

v1

phchp153 v1	BP	55	M	Caucasian	3.333333	0 0	0 0	0 0
phchp153 v2	BP	55	M	Caucasian	3	0 0	0 0	0 0
phchp153 v3	BP	56	M	Caucasian	2.75	0 0	0 0	0 0
phchp153 v4	BP	57	M	Caucasian	1	0 0	0 0	0 0
phchp154 v1	SZA	51	M	African American	3.083333	1 0	1 0	0.33 0
phchp154 v2	SZA	51	M	African American	2.833333	1 0	1 0	0.36 0
phchp154 v3	SZA	52	M	African American	2.583333	0 0	0 0	0 0
phchp155 v1	MD D	37	M	Caucasian	3.5	0 0	0 0	0 0
phchp155 v2	MD D	37	M	Caucasian	3.25	0 0	0 0	0 0
phchp158 v1	BP	23	M	African American	3.416667	0 0	0 0	0 0
phchp161 v1	MD D	54	M	African American	3.166667	0 0	0 0	0 0
phchp161 v2	MD D	54	M	African American	2.916667	0 0	0 0	0 0
phchp161 v3	MD D	54	M	African American	2.75	0 0	0 0	0 0
phchp162 v1	MD D	57	M	Caucasian	3.416667	1 0	1 0	0.3 0
phchp162 v2	MD D	57	M	Caucasian	3	0 0	0 0	0 0
phchp162 v3	MD D	57	M	Caucasian	2.75	0 0	0 0	0 0
phchp165 v1	SZ	60	M	African American	3.333333	0 0	1 0	0.3 0
phchp165 v2	SZ	60	M	African American	3.083333	1 0	1 0	0.33 0
phchp165	SZ	61	M	African	2.916667	1 0	1 0	0.35 0

v3				American				
phchp166 v1	BP	56	M	Caucasian	3	0 0	0 0	0 0
phchp166 v2	BP	56	M	Caucasian	2.75	0 0	0 0	0 0
phchp166 v3	BP	56	M	Caucasian	2.5	0 0	0 0	0 0
phchp168 v1	MD D	48	M	African American	3.25	0 0	0 0	0 0
phchp168 v2	MD D	48	M	African American	3	0 0	0 0	0 0
phchp168 v3	MD D	49	M	African American	2.75	0 0	0 0	0 0
phchp169 v1	SZA	50	M	African American	3.333333	0 0	0 0	0 0
phchp171 v1	BP	36	M	Caucasian	3.083333	0 0	0 0	0 0
phchp171 v2	BP	36	M	Caucasian	2.75	0 0	0 0	0 0
phchp173 v1	MD D	48	M	Caucasian	2.833333	0 0	0 0	0 0
phchp173 v2	MD D	49	M	Caucasian	2.583333	0 0	0 0	0 0
phchp173 v3	MD D	49	M	Caucasian	2.333333	0 0	0 0	0 0
phchp174 v1	MD D	54	M	Caucasian	2.333333	2 0	3 0	1.29 0
phchp175 v1	SZA	42	M	Caucasian	2.5	0 0	0 0	0 0
phchp176 v1	SZ	23	M	African American	2.25	0 0	0 0	0 0
phchp176 v2	SZ	24	M	African American	1.916667	0 0	0 0	0 0
phchp178 v1	BP	49	M	Caucasian	3.25	0 0	0 0	0 0
phchp182 v1	MD D	39	M	Caucasian	3.166667	0 0	0 0	0 0
phchp182	MD	39	M	Caucasian	2.916667	0 0	0 0	0 0

v2	D								
phchp182 v3	MD D	40	M	Caucasian	2.666667	0 0	0 0	0 0	0 0
phchp183 v1	BP	48	M	Caucasian	3.083333	0 0	0 0	0 0	0 0
phchp183 v2	BP	48	M	Caucasian	2.833333	0 0	0 0	0 0	0 0
phchp184 v1	BP	64	M	Caucasian	3.083333	0 0	0 0	0 0	0 0
phchp184 v2	BP	64	M	Caucasian	2.833333	0 0	0 0	0 0	0 0
phchp184 v3	BP	64	M	Caucasian	2.583333	0 0	0 0	0 0	0 0
phchp185 v1	SZA	51	M	African American	3.083333	0 0	0 0	0 0	0 0
phchp185 v2	SZA	51	M	African American	2.833333	0 0	0 0	0 0	0 0
phchp185 v3	SZA	52	M	African American	2.416667	0 0	0 0	0 0	0 0
phchp186 v1	BP	43	M	Caucasian	3.083333	0 0	0 0	0 0	0 0
phchp186 v2	BP	44	M	Caucasian	2.833333	0 0	0 0	0 0	0 0
phchp186 v3	BP	44	M	Caucasian	2.583333	0 0	0 0	0 0	0 0
phchp187 v1	SZ	49	M	African American	3.166667	1 0	1 0	0.32	0
phchp187 v2	SZ	49	M	African American	2.833333	0 0	0 0	0 0	0 0
phchp188 v1	SZ	54	M	African American	3.166667	0 0	1 0	0.32	0
phchp190 v1	BP	49	M	Caucasian	3.083333	0 0	0 0	0 0	0 0
phchp190 v2	BP	49	M	Caucasian	2.75	0 0	0 0	0 0	0 0
phchp190 v3	BP	50	M	Caucasian	2.5	0 0	0 0	0 0	0 0
phchp192	SZA	55	M	African	3	0 0	0 0	0 0	0 0

v1				American				
phchp192 v2	SZA	56	M	African American	2.75	0 0	0 0	0 0
phchp192 v3	SZA	56	M	African American	2.5	0 0	0 0	0 0
phchp193 v1	BP	39	M	Hispanic	2.916667	0 0	0 0	0 0
phchp193 v3	BP	39	M	Hispanic	2.333333	0 0	0 0	0 0
phchp193 v4	BP	40	M	Hispanic	2.083333	0 0	0 0	0 0
phchp194 v1	MD D	47	M	Caucasian	3.083333	0 0	0 0	0 0
phchp194 v2	MD D	47	M	Caucasian	2.833333	0 0	0 0	0 0
phchp194 v3	MD D	47	M	Caucasian	2.583333	0 0	0 0	0 0
phchp195 v1	SZ	52	M	Caucasian	2.833333	0 0	0 0	0 0
phchp195 v2	SZ	53	M	Caucasian	2.583333	0 0	0 0	0 0
phchp195 v3	SZ	53	M	Caucasian	2.333333	0 0	0 0	0 0
phchp196 v1	MD D	56	M	African American	2.833333	0 0	0 0	0 0
phchp196 v2	MD D	56	M	African American	2.583333	0 0	0 0	0 0
phchp196 v3	MD D	57	M	African American	2.333333	0 0	0 0	0 0
phchp197 v1	SZ	56	M	Caucasian	2.416667	0 0	0 0	0 0
phchp197 v2	SZ	57	M	Caucasian	1.416667	0 0	0 0	0 0
phchp197 v3	SZ	57	M	Caucasian	1.166667	0 0	0 0	0 0
phchp198 v1	MD D	61	M	Caucasian	2.833333	0 1	0 1	0 0.36
phchp198	MD	61	M	Caucasian	2.583333	0 1	0 1	0 0.39

v2	D								
phchp198 v4	MD D	62	M	Caucasian	2.083333	0 1	0 1	0 0.48	
phchp199 v1	SZ	49	M	African American	2.916667	0 0	0 0	0 0	
phchp199 v2	SZ	49	M	African American	2.666667	0 0	0 0	0 0	
phchp199 v3	SZ	50	M	African American	2.333333	0 0	0 0	0 0	
phchp200 v1	MD D	56	M	Caucasian	2.833333	0 0	0 0	0 0	
phchp200 v2	MD D	57	M	Caucasian	2.583333	0 0	0 0	0 0	
phchp200 v3	MD D	57	M	Caucasian	2.333333	0 0	0 0	0 0	
phchp206 v1	MD D	59	M	African American	2.833333	0 0	0 0	0 0	
phchp207 v1	SZ	48	M	African American	1.5	0 0	0 0	0 0	
phchp208 v1	MD D	56	M	African American	2.75	0 0	0 0	0 0	
phchp208 v2	MD D	56	M	African American	2.5	0 0	0 0	0 0	
phchp208 v3	MD D	58	M	African American	1	0 0	0 0	0 0	
phchp210 v1	BP	43	M	Caucasian	1.666667	0 0	0 0	0 0	
phchp210 v2	BP	43	M	Caucasian	1.416667	0 0	0 0	0 0	
phchp211 v1	SZ	62	M	Caucasian	1.75	0 0	0 0	0 0	
phchp211 v2	SZ	62	M	Caucasian	1.166667	0 0	0 0	0 0	
phchp212 v1	MD D	56	M	African American	2.666667	0 0	0 0	0 0	
phchp212 v2	MD D	56	M	African American	2.416667	0 0	0 0	0 0	
phchp219	BP	61	M	Caucasian	2.25	0 0	0 0	0 0	

v1

phchp219 v2	BP	61	M	Caucasian	1.916667	0 0	0 0	0 0
phchp219 v3	BP	62	M	Caucasian	1.416667	0 0	0 0	0 0
phchp221 v1	MD D	51	M	African American	2.25	0 0	0 0	0 0
phchp221 v2	MD D	51	M	African American	2	0 0	0 0	0 0
phchp221 v3	MD D	52	M	African American	1.666667	0 0	0 0	0 0
phchp222 v2	SZ	60	M	Caucasian	1.416667	0 0	0 0	0 0
phchp222 v3	SZ	61	M	Caucasian	1.166667	0 0	0 0	0 0
phchp224 v1	BP	59	M	Caucasian	1.083333	1 0	1 0	0.93 0
phchp226 v1	MD D	29	M	Caucasian	1.833333	0 0	0 0	0 0
phchp226 v2	MD D	29	M	Caucasian	1.583333	0 0	0 0	0 0
phchp227 v1	MD D	55	M	Caucasian	2.083333	0 0	0 0	0 0
phchp227 v2	MD D	55	M	Caucasian	1.833333	0 0	0 0	0 0
phchp227 v3	MD D	55	M	Caucasian	1.583333	0 0	0 0	0 0
phchp234 v1	BP	44	M	Caucasian	2.166667	0 0	0 0	0 0
phchp234 v2	BP	45	M	Caucasian	1.583333	0 0	0 0	0 0
phchp234 v3	BP	45	M	Caucasian	1.333333	0 0	0 0	0 0
phchp235 v1	MD D	54	M	African American	1.833333	0 0	0 0	0 0
phchp235 v2	MD D	55	M	African American	1.583333	0 0	0 0	0 0
phchp235	MD	55	M	African	1.25	0 0	0 0	0 0

v3	D		American					
phchp236 v1	MD D	51	M	Caucasian	2.166667	0 0	0 0	0 0
phchp236 v2	MD D	51	M	Caucasian	1.916667	0 0	0 0	0 0
phchp238 v1	MD D	62	M	Caucasian	2.166667	0 0	0 0	0 0
phchp238 v2	MD D	63	M	Caucasian	1.916667	0 0	0 0	0 0
phchp238 v3	MD D	63	M	Caucasian	1.583333	0 0	0 0	0 0
phchp242 v1	MD D	55	M	African American	2.083333	0 0	0 0	0 0
phchp247 v1	MD D	55	M	African American	2.083333	0 0	0 0	0 0
phchp248 v1	SZ	52	M	African American	2	0 0	0 0	0 0
phchp248 v2	SZ	52	M	African American	1.666667	0 0	0 0	0 0
phchp248 v3	SZ	53	M	African American	1.416667	0 0	0 0	0 0
phchp253 v1	BP	25	M	Caucasian	1.916667	0 0	0 0	0 0
phchp253 v2	BP	26	M	Caucasian	1.083333	0 0	0 0	0 0
phchp259 v1	MD D	56	M	Caucasian	1.75	0 0	0 0	0 0
phchp259 v2	MD D	57	M	Caucasian	1.416667	0 0	0 0	0 0
phchp259 v3	MD D	57	M	Caucasian	1	0 0	0 0	0 0
phchp270 v1	BP	41	M	Caucasian	1.75	0 0	0 0	0 0
phchp270 v2	BP	41	M	Caucasian	1.5	0 0	0 0	0 0
phchp273 v1	BP	27	M	Caucasian	1.666667	0 0	0 0	0 0
phchp273	BP	28	M	Caucasian	1.416667	0 0	0 0	0 0

v2

phchp274 v1	BP	48	M	Caucasian	1.666667	1 0	1 0	0.6 0
phchp274 v2	BP	48	M	Caucasian	1.416667	0 0	0 0	0 0
phchp274 v3	BP	48	M	Caucasian	1.166667	0 0	0 0	0 0
phchp275 v1	SZ	63	M	Caucasian	1	0 0	0 0	0 0
phchp276 v1	SZ	59	M	African American	1.083333	0 0	0 0	0 0
phchp277 v1	SZ	49	M	Caucasian	1.583333	0 0	0 0	0 0
phchp277 v2	SZ	50	M	Caucasian	1.333333	0 0	0 0	0 0
phchp277 v3	SZ	50	M	Caucasian	1.083333	0 0	0 0	0 0
phchp287 v1	SZA	59	M	Caucasian	1	0 0	0 0	0 0
phchp292 v1	BP	42	M	Caucasian	1.333333	0 0	0 0	0 0
phchp292 v2	BP	42	M	Caucasian	1.083333	0 0	0 0	0 0
phchp293 v1	BP	43	M	Caucasian	1.166667	0 0	0 0	0 0
phchp295 v1	SZ	52	M	African American	1.083333	0 0	0 0	0 0
phchp296 v1	BP	48	M	Caucasian	1.083333	0 0	0 0	0 0

Table S2. Top candidate biomarker genes -evidence for involvement in suicidality.
The top genes from discovery (internal score of 4), prioritization (genes with CFG score of 8 and above), and validation (nominally significant). Underlined gene symbol means reproduces suicide biomarkers findings from our earlier smaller study in bipolar participants¹. **Bold p-value is Bonferroni significant after validation in suicide completers.**

Gene symbol/ Gene Name	Probesets	Discovery (Change) Method/ Score	Prior human genetic evidence	Prior human brain expression evidence	Prior human peripheral expression evidence	Prioritizati on Total CFG Score For Suicide	Validation ANOVA p-value
SKA2 spindle and kinetochore associated complex subunit 2	225686_at	(D) DE/1 AP/1	Suicide ²	(D) PFC ²	(D) Methylation in blood ²	9	0.006 0.027
CCDC136 coiled-coil domain containing 136	226972_s_ at	(D) AP4		(D) HIP ³		8	NC
CD44 CD44 molecule (Indian blood group)	209835_x_ at	(D) DE2	Suicide ⁴	(D) BA9 and BA24 ⁴		8	NC
FADS1 fatty acid desaturase 1	208962_s_ at 208964_s_ at	(D) DE4 (I) DE1		(D) PFC ⁵		8	NC 2.08E-06
FKBP5 FK506 binding protein 5	204560_at	(D) DE2	Suicide ^{6 7 8 9 10}	(D) AMY ¹¹		8	NC
FOXN3 forkhead box N3	205021_s_ at	(D) AP2	Suicide ¹²	(D) BA24 ¹² (I) BA9 ¹²	(I) Blood ¹	8	4.99E-04
HADHA hydroxacyl-CoA dehydrogenase/3- ketoacyl-CoA thiolase/enoyl-CoA hydratase (trifunctional protein), alpha subunit	208631_s_ at	(D) DE4		(D) HIP ³		8	NC
IL6 interleukin 6 (interferon, beta 2)	205207_at	(I) AP2		(I) PFC (BA-10) ¹³ HIP ¹⁴	(I) CSF ^{15 16} (D) Blood ¹⁷	8	1.44E-08
SAT1 spermidine/spermi ne N1- acetyltransferase 1	213988_s_ at 210592_s_ at 230333_at 203455_s_ at	(I) DE2 DE1	Suicide ^{18 19}	(I) PFC BA46 ²⁰	(I) Blood ¹	8	1.08E-44 1.24E-40 6.93E-12 3.09E-38

SLC4A4 solute carrier family 4 (sodium bicarbonate cotransporter), member 4	211494_s_ at210739_x _at	(I) AP2 DE1	Suicide ²¹	(D) PFC (BA 46/10) in SZ ²²		8	5.84E-05 0.002
MAOB monoamine oxidase B	204041_at	(I) DE1		(I) PFC ²³	(D) Blood ²⁴	7	8.11E-08
AHCYL1 adenosylhomocyst einase-like 1	207464_at	(D) DE2 AP1		(D) PFC ²²		6	2.22E-06 0.0238
AKT1S1 AKT1 substrate 1 (proline-rich)	224982_at	(D) DE2 AP2		(D) HIP ³		6	1.97E-07 3.54E-07
ALDH3A2 aldehyde dehydrogenase 3 family, member A2	210544_s_ at; 210544_s_ at	(D) DE2 AP1		(I) BA4, BA44 and Lateral thalamus ²⁵		6	3.73E-05 0.0348
ARHGAP26 Rho GTPase activating protein 26	205068_s_ at	(I) DE1	Linkage D5S1480 ²⁶	(D) DLFPC ²⁷		6	9.91E-08
BCL2 B-cell CLL/lymphoma 2	207005_s_ at 207004_at	(D) DE1 (I) AP1		(D) PFC ²⁸		6	0.0003 0.02
C20orf27	218081_at; 50314_i_at	(D) DE2		(I) ACC ²⁷		6	2.80E-13 2.47E-05
CAPNS1 calpain, small subunit 1	200001_at	(D) DE2		(D) PFC ²⁹ (I) BA4 ³⁰		6	0.0002
CDC42EP4 CDC42 effector protein (Rho GTPase binding) 4	218062_x_ at	(D) AP2		(D) BA11 ³⁰		6	1.16E-06
CDH4 cadherin 4, type 1, R-cadherin (retinal)	220227_at	(I) DE2		(D) DLFPC ²⁷		6	0.00908
CXCL11 chemokine (C-X-C motif) ligand 11	210163_at	(I) AP2		(D) NAC ²⁷		6	0.0293
EHBP1 EH domain binding protein 1	212650_at	(D) DE 4	Suicide ³¹			6	NC
EIF5A eukaryotic translation initiation factor 5A	201123_s_ at	(D) DE2		(D) PFC ³²		6	0.0006
EMID1 EMI domain containing 1	1564251_a t	(I) DE2		(D) BA4 ³⁰		6	0.0346
FAM49B family with sequence similarity 49, member B	217535_at	(I) AP2		(D) HIP ³		6	0.0188

FH fumarate hydratase	203032_s_at	(D) DE2		(I) PFC (I) ²⁹		6	5.10E-11
GCOM1 GRINL1A complex locus 1	228568_at	(I) DE2		(D) BA44 ²⁰	(I) Blood ¹	6	2.13E-09
GPM6B glycoprotein M6B	236116_at; 209170_s_at	(D) AP1 DE1	Linkage DXS1224 DXS8019 ³³	(D) BA 8/9, BA 46, BA 44 ³³ (I) BA46 ²⁰		6	2.32E-07 0.0119
HOMEZ homeobox and leucine zipper encoding	231868_at	(D) DE2 AP1		(D) HIP ³		6	1.38E-12 8.27E-05
HPCAL1 hippocalcin-like 1	1560154_a_at	(I) DE2		(I) BA4 ³⁰		6	7.50E-05
IKBKB inhibitor of kappa light polypeptide gene enhancer in B-cells, kinase beta	211027_s_at	(D) DE2		(I) ACC ²⁷		6	1.24E-06
ITGB4 integrin, beta 4	211905_s_at	(D) DE2		(D) PFC ³²		6	0.0290
LDLRAP1 low density lipoprotein receptor adaptor protein 1	221790_s_at	(D) DE2		(I) ACC ²⁷		6	2.24E-16
LOC728543 uncharacterized LOC728543	234133_s_at	(D) DE2		(D) ACC ²⁷		6	1.97E-05
MAP2K5 mitogen-activated protein kinase kinase 5	211370_s_at	(D) DE2		(D) HIP ³⁴		6	0.00612
MAPK9 mitogen-activated protein kinase 9	225781_at	(I) DE2		(I) PFC ³⁵		6	0.0132
NEAT1 nuclear paraspeckle assembly transcript 1 (non- protein coding)	224565_at	(I) DE2		(I) NAC ²⁷		6	2.33E-24
NMB neuromedin B	205204_at	(D) DE2		(D) Dorsovagal complex ³⁶		6	0.0149
PAFAH1B2 platelet-activating factor acetylhydrolase 1b, catalytic subunit 2 (30kDa)	210160_at	(D) DE2		(I) NAC ²⁷		6	3.66E-08
PCBD2 pterin-4 alpha- carbinolamine	231085_s_at	(D) DE2		(D) HIP ³		6	0.0345

dehydoratase/dimerization cofactor of hepatocyte nuclear factor 1 alpha (TCF1) 2							
PIK3C2A phosphatidylinositol-4-phosphate 3-kinase, catalytic subunit type 2 alpha	1553694_at	(D) DE2		(D) PFC ³⁷ BA8/9 ³⁰		6	3.75E-09
PKP4 plakophilin 4	201927_s_at	(D) AP1		(I) NAC ²⁷		6	0.0486
PTK2 protein tyrosine kinase 2	241453_at	(I) DE2		(D) Frontopolar cortex ³⁸		6	1.11E-33
RASL11B RAS-like, family 11, member B	219142_at	(I) AP2		(D) DLFPC ²⁷		6	0.0124
SLC5A3 solute carrier family 5 (sodium/myo-inositol cotransporter), member 3	213167_s_at	(D) DE2		(D) NAC ²⁷		6	1.06E-11
SNORA68 small nucleolar RNA, H/ACA box 68	1566402_a t1566403_at	(I) DE2 AP1		(D) HIP ³		6	0.00310 0.00813
SOD2 superoxide dismutase 2, mitochondrial	216841_s_at	(I) DE1		(I) PFC ³⁹		6	0.00042
SYNE2 spectrin repeat containing, nuclear envelope 2	242774_at; 1558392_at	(D) DE2 DE1		(D) HIP ³		6	6.83E-08 0.0183
TCF7L2 transcription factor 7-like 2 (T-cell specific, HMG-box)	212762_s_at	(I) DE1		(D) HIP ³		6	0.0280
TGOLN2 trans-golgi network protein 2	203834_s_at	(D) AP1	Linkage D2S428 D2S1790 ⁴⁰ , ₄₁	(I) BA4 ³⁰		6	1.10E-07
TRAK2 trafficking protein, kinesin binding 2	202124_s_at	(D) DE2		(I) NAC ²⁷		6	0.006
ADRBK1 adrenergic, beta, receptor kinase 1	201401_s_at	(D) DE1		(I) PFC (Brodmann area 9) ⁴²		5	2.22E-05
AHCYL2 adenosylhomocysteinase-like 2	212814_at	(D) AP1		(I) NAC ²⁷		5	0.00103
AIMP1 aminoacyl tRNA synthetase	227605_at; 202542_s_at;	(D) AP1 DE2		(I) NAC ²⁷		5	8.37E-05; 0.0138; 0.0301

complex-interacting multifunctional protein 1	235594_at						
ATP6V0E1 ATPase, H ⁺ transporting, lysosomal 9kDa, V0 subunit e1	236527_at	(D) AP1		(D) BA11 ³⁰	(I) Blood ¹	5	3.80E-07
BRAF v-raf murine sarcoma viral oncogene homolog B	236402_at	(I) DE1		(D) HIP ⁴³		5	6.07E-29
BRCC3 BRCA1/BRCA2-containing complex, subunit 3	216521_s_at	(D) DE1		(I) PFC ²⁹		5	5.79E-08
C1orf61	205103_at	(I) DE1		(I) NAC ²⁷		5	2.95E-13
CALR calreticulin	212953_x_at	(I) DE1		(D) Frontopolar cortex ³⁸		5	6.20E-06
CAMK2B calcium/calmodulin-dependent protein kinase II beta	209956_s_at	(I) DE1		(I) PFC ³⁵		5	0.00025
CAV1 caveolin 1, caveolae protein, 22kDa	212097_at	(I) DE1		(I) ACC ²⁷		5	7.31E-07
CHD2 chromodomain helicase DNA binding protein 2	1554014_a_t	(I) DE1		(I) NAC ²⁷		5	2.40E-24
CLTA clathrin, light chain A	1560434_x_at	(I) DE1		(I) Frontopolar cortex ³⁸		5	0.00064
CNP 2',3'-cyclic nucleotide 3' phosphodiesterase	1557943_a_t	(D) AP1		(D) HIP ³		5	0.0315
COL9A2 collagen, type IX, alpha 2	232542_at	(D) DE1		(I) NAC ²⁷		5	0.00044
CPSF2 cleavage and polyadenylation specific factor 2, 100kDa	233208_x_at	(D) AP1		(I) ACC ²⁷		5	0.00171
CREM cAMP responsive element modulator	241740_at	(I) AP1		(D) Frontopolar cortex ³⁸		5	1.08E-06
CTTN cortactin	214782_at 201059_at	(I) DE1		(D) Frontopolar cortex ³⁸		5	3.46E-18 0.0363

CUL4B cullin 4B	210257_x_at	(D) DE1		(I) ACC ²⁷		5	0.00776
DAAM2 dishevelled associated activator of morphogenesis 2	212793_at	(I) DE1		(I) NAC ²⁷		5	0.00856
DAB2 Dab, mitogen- responsive phosphoprotein, homolog 2 (Drosophila)	201279_s_at	(I) DE1		(I) NAC ²⁷		5	0.00098
DLL1 delta-like 1 (Drosophila)	227938_s_at	(D) DE1		(D) AMY ⁴⁴ (I) DLPFC ⁴⁴		5	0.00016
DNAH2 dynein, axonemal, heavy chain 2	215840_at	(D) DE1		(I) ACC ²⁷		5	0.00637
DPP4 dipeptidyl- peptidase 4	211478_s_at	(D) DE4	Linkage D2S1353 ₄₅			5	1.43E-07
G2E3 G2/M-phase specific E3 ubiquitin protein ligase	223254_s_at	(D) AP1		(I) ACC ²⁷		5	0.0214
GABARAPL1 GABA(A) receptor- associated protein like 1	208869_s_at	(I) DE1		(D) BA20,BA10,BA4 6 ⁴⁶		5	3.48E-28
GLUL glutamate- ammonia ligase	215001_s_at	(I) DE1		(D) BA44 ²⁰ AMY,BA46,BA44 ,BA45 ⁴⁶ frontopolar cortex ³⁸		5	3.96E-15
GUK1 guanylate kinase 1	200075_s_at	(D) DE1		(D) HIP ³ PFC ²⁹		5	0.0362
HELZ helicase with zinc finger	240486_at	(I) DE1		(I) BA4 ³⁰		5	3.56E-06
IGHG1 immunoglobulin heavy constant gamma 1 (G1m marker)	241074_at	(I) DE1		(D) ACC ²⁷		5	0.0342
IL1B interleukin 1, beta	205067_at 39402_at	(I) DE1		(I) PFC (BA-10) ¹³	(I) Blood ¹	5	0.0338; 0.0380
JAK3 Janus kinase 3	211108_s_at	(D) DE1		(D) DLFPC ²⁷		5	5.42E-11
JUN jun proto- oncogene	201464_x_at 213281_at 201466_s_	(I) DE1 AP1		(D) HIP ³		5	2.63E-51 1.02E-41 2.21E-08

	at						
JUNB jun B proto-oncogene	201473_at	(I) DE1		(D) HIP ³		5	1.09E-18
LAPTM4B lysosomal protein transmembrane 4 beta	1554679_a_at	(D) AP1		(I) BA8/9 ³⁰		5	0.0113
LHFP lipoma HMGIC fusion partner	218656_s_at	(I) DE1		(I) NAC ²⁷	(I) Blood ¹	5	1.27E-06
LPAR1 lysophosphatidic acid receptor 1	204036_at	(D) AP1		(I) NAC ²⁷		5	7.67E-06
MAGI3 membrane associated guanylate kinase, WW and PDZ domain containing 3	226770_at	(D) AP1		(D) DLFPC ²⁷		5	0.0292
MARCKS myristoylated alanine-rich protein kinase C substrate	213002_at 201670_s_at	(I) DE1		(I) HIP, PFC ⁴⁷ PFC{Punzi, 2014 #36847}	(I) Blood ¹	5	1.51E-06; 0.0004
MBP myelin basic protein	225408_at	(D) AP1		(I) NAC ²⁷		5	6.74E-10
MCRS1 microspherule protein 1	202556_s_at	(D) DE1		(D) HIP ³		5	3.29E-05
MEF2C myocyte enhancer factor 2C	207968_s_at	(D) DE1		(D) HIP ³⁴		5	3.47E-09
MT1E metallothionein 1E	212859_x_at	(I) DE1		(D) ACC ²⁷ PFC (BA 46/10) ₃₂		5	0.00020
MT1H metallothionein 1H	206461_x_at	(I) DE1		(D) ACC, NAC ²⁷ PFC (BA 46/10) ²²		5	5.62E-05
MT2A metallothionein 2A	212185_x_at	(I) DE1		(D) ACC ²⁷		5	0.00218
NDRG1 N-myc downstream regulated 1	200632_s_at	(I) DE1		(I) NAC ²⁷		5	3.21E-22
NUCB2 nucleobindin 2	229838_at	(I) DE1		(I) Edinger-Westphal nucleus (midbrain) ⁴⁸		5	0.0124
OGFR opioid growth factor receptor	211513_s_at	(D) DE1		(D) HIP ³		5	0.00053
PCDH9	238919_at	(D)		(D)		5	0.0215

protocadherin 9		AP1		BA45; BA46 ²⁰			
PHF20L1 PHD finger protein 20-like 1	219606_at	(I) DE1		(I) ACC ²⁷		5	7.97E-05
PLEKHB1 pleckstrin homology domain containing, family B (ejectins) member 1	209504_s_ at	(D) DE1		(I) NAC ²⁷		5	6.07E-07
POLR2D polymerase (RNA) II (DNA directed) polypeptide D	214144_at	(D) AP1		(I) ACC ²⁷		5	1.02E-09
PRKACA protein kinase, cAMP-dependent, catalytic, alpha	202801_at	(D) AP1		(D) PFC, NAC ⁴⁹		5	0.0324
PRKCB protein kinase C, beta	227824_at; 230437_s_ at	(D) DE1 AP1		(D) PFC, HIP ⁵⁰		5	3.15E-09 1.34E-04 0.003
PSMB4 proteasome (prosome, macropain) subunit, beta type, 4	202243_s_ at	(D) DE1		(D) PFC ²⁹		5	9.98E-07
PTEN phosphatase and tensin homolog	204053_x_ at 222176_at	(I) DE1		(I) PFC, HIP ⁵¹	(I) Blood¹	5	7.66E-17 0.0003
RAB35 RAB35, member RAS oncogene family	205461_at	(D) DE2		(I) ACC ²⁷		5	0.00034
RBMX RNA binding motif protein, X-linked	1556336_a t 213762_x_ at	(D) DE1		(D) HIP (D) ³ BA 8/9, BA 11 (D) (Suicide) ³³ (I) ACC ²⁷		5	1.40E-13 0.0232
RECK reversion-inducing- cysteine-rich protein with kazal motifs	216153_x_ at	(I) DE1		(I) ACC ²⁷	(I) Blood¹	5	0.00093
RNASEL ribonuclease L (2',5'- oligoisoadenylate synthetase- dependent)	221287_at	(D) AP1		(D) HIP ³		5	6.05E-06
SELENBP1 selenium binding protein 1	214433_s_ at	(D) DE1		(I) PFC ²⁹		5	0.00019
SHISA2	230493_at	(I)		(I)		5	0.00107

shisa family member 2		DE1		NAC ²⁷			
SLC35E1 solute carrier family 35, member E1	222263_at	(D) AP1		(D) BA4 ³⁰		5	0.00651
SNAP23 synaptosomal-associated protein, 23kDa	209131_s_at	(D) AP1		(D) BA44 ²⁰ BA24 ⁵²		5	0.00039
TM4SF1 transmembrane 4 L six family member 1	209386_at	(I) DE1		(D) PFC (BA 46/10) ²²		5	6.12E-11
TMEM254 transmembrane protein 254	218174_s_at	(D) DE1		(D) HIP ³		5	1.35E-08
TMEM259 transmembrane protein 259	212574_x_at; 212575_at; 213986_s_at	(D) DE1		(I) ACC ²⁷		5	0.0007; 0.003; 0.004
TNS1 tensin 1	218863_s_at	(D) DE1 AP2		(I) NAC ²⁷		5	6.29E-05; 0.0123
TPBG trophoblast glycoprotein	203476_at	(I) DE1		(I) ACC ²⁷		5	6.66E-06
TPD52L1 tumor protein D52-like 1	203786_s_at	(I) DE1		(D) PFC (BA 46/10) ²²		5	1.52E-16
TRIM23 tripartite motif containing 23	210995_s_at	(D) DE1		(I) PFC (BA 46/10) ²²		5	3.28E-14
TSC22D3 TSC22 domain family, member 3	208763_s_at	(I) DE1		(D) PFC, AMY ⁵³		5	2.01E-05
TSPAN33 tetraspanin 33	225775_at	(D) AP1		(D) HIP ³		5	0.00302
VMP1 vacuole membrane protein 1	1569003_a_t	(I) DE1		(D) NAC ²⁷		5	0.00291
VPREB3 pre-B lymphocyte 3	220068_at	(D) DE1		(D) HIP ³		5	0.00104
ZFP36 ZFP36 ring finger protein	201531_at	(I) DE1		(D) Orbitofrontal cortex ⁵⁴		5	8.72E-27
ZFYVE21 zinc finger, FYVE domain containing 21	219929_s_at	(D) AP1		(D) HIP ³		5	1.69E-04
ZHX2 zinc fingers and homeoboxes 2	203556_at	(I) DE1		(D) PFC BA46/10 ³²		5	0.00198
ZNF519 zinc finger protein 519	1568873_a_t	(D) AP1		(I) ACC ²⁷		5	0.01164

B4GALT1 UDP-Gal:betaGlcNAc beta 1,4-galactosyltransferase, polypeptide 1	228498_at	(I) DE 4				4	NC
BTBD3 BTB (POZ) domain containing 3	243461_at	(I) DE 4				4	NC
CADM1 cell adhesion molecule 1	237259_at	(I) DE4				4	NC
CATSPER3 cation channel, sperm associated 3	230981_at	(D) AP4				4	NC
CCL28 chemokine (C-C motif) ligand 28	224240_s_at	(D) AP4				4	NC
CLIP4 CAP-GLY domain containing linker protein family, member 4	219944_at	(D) DE4				4	NC
CTBS chitobiase, di-N-acetyl-	218924_s_at	(I) DE 4				4	NC
CYorf17 chromosome Y open reading frame 17	234274_at	(D) DE 4				4	NC
DCAF15 DDB1 and CUL4 associated factor 15	221851_at	(D) DE4				4	0.0302
DEPDC5 DEP domain containing 5	234548_at	(I) AP4				4	NC
DTNA dystrobrevin, alpha	211493_x_at	(I) AP4				4	NC
EMR2 egf-like module containing, mucin-like, hormone receptor-like 2	232009_at	(I) DE 4				4	NC
EPHA10 EPH receptor A10	243717_at	(D) DE4				4	0.00801
ERG v-ets avian erythroblastosis virus E26 oncogene homolog	213541_s_at	(D) DE 4				4	NC
ERV3-2 endogenous retrovirus group 3, member 2	222139_at	(I) DE 4				4	NC
FAM183CP family with	1569887_a_at	(I) AP4				4	NC

sequence similarity 183, member C, pseudogene							
HIST1H2BO histone cluster 1, H2bo	214540_at	(I) DE4				4	4.77E-10
HS3ST3B1 heparan sulfate (glucosamine) 3-O- sulfotransferase 3B1	1561908_a _at	(D) AP4				4	NC
IQCH IQ motif containing H	224165_s_ at	(D) DE4				4	0.00324
KCTD21 potassium channel tetramerization domain containing 21	229873_at	(I) DE 4				4	NC
KERA keratocan	220504_at	(I) DE4				4	0.00021
KIF2C kinesin family member 2C	211519_s_ at	(D) AP4				4	0.00056
KLHDC3 kelch domain containing 3	214383_x_ at	(D) DE4			(D) Blood ¹	4	1.57E-17
LAMB1 laminin, beta 1	238608_at	(I) AP4				4	NC
LOC100129917 uncharacterized LOC100129917	236411_at	(D) DE4				4	0.00225
LOC100289061 uncharacterized LOC100289061	1563071_a t	(I) AP4				4	NC
LOC100996345 uncharacterized LOC100996345	240697_at	(D) DE4				4	7.20E-05
LOC285500 uncharacterized LOC285500	1558451_a t	(I) DE 4				4	NC
MED21 mediator complex subunit 21	209363_s_ at	(D) AP4				4	0.07426
PCIF1 PDX1 C-terminal inhibiting factor 1	222045_s_ at	(D) AP4				4	NC
PLEC plectin	216971_s_ at	(D) DE 4				4	NC
RAB36 RAB36, member RAS oncogene family	211471_s_ at	(I) AP4				4	NC
RAD23A RAD23 homolog A (<i>S. cerevisiae</i>)	201039_s_ at	(D) DE 4				4	NC
RHAG Rh-associated	206145_at	(D) AP4				4	NC

glycoprotein							
ROBO4 roundabout, axon guidance receptor, homolog 4 (Drosophila)	220758_s_at	(D) AP4				4	NC
RP11-669N7.2 uncharacterized LO C283352	1561757_a_at	(I) AP4				4	NC
RPL6P17 ribosomal protein L6 pseudogene 17	216816_at	(D) AP4				4	NC
SETD8 SET domain containing (lysine methyltransferase) 8	220200_s_at	(D) DE 4				4	NC
SH3GLB2 SH3-domain GRB2-like endophilin B2	218813_s_at	(D) DE4				4	0.00017
ST6GALNAC4 ST6 (alpha-N-acetyl-neuraminyl-2,3-beta-galactosyl-1,3)-N-acetylgalactosaminide alpha-2,6-sialyltransferase 4	221551_x_at	(D) DE4				4	3.22E-05
TEX10 testis expressed 10	1558702_a_t	(D) AP4				4	0.00281
TEX261 testis expressed 261	1559675_a_t	(D) AP4				4	0.00427
TFDP1 transcription factor Dp-1	242538_at	(I) AP4				4	0.00238
TMLHE-AS1 TMLHE antisense RNA 1	1560797_s_at	(I) DE 4				4	NC
TMSB15B thymosin beta 15B	1556964_s_at	(D) DE4				4	0.007
TUBGCP3 tubulin, gamma complex associated protein 3	215739_s_at	(D) DE2	Suicide ¹²			4	2.05E-16
TXNRD2 thioredoxin reductase 2	210803_at	(D) AP4				4	0.0425
USP12 ubiquitin specific peptidase 12	229987_at	(D) AP4				4	0.2723
VEGFB vascular endothelial growth factor B	203683_s_at	(D) AP4				4	5.13E-07
ZBTB7A	213299_at	(D)				4	2.05E-06

zinc finger and BTB domain containing 7A		DE4						
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Table S3. Top candidate biomarker genes - mechanistic understanding. The top genes from discovery (internal score of 4), prioritization (genes with CFG score of 8 and above), and validation (nominally significant). Underlined gene symbol means overlaps with findings from our previous mood and psychosis biomarker studies. DLPFC- Dorsolateral Prefrontal Cortex ; APC- Anterior Prefrontal Cortex; ACC- Anterior Cingulate Cortex; AMY-Amygdala; VT- Ventral Tegmentum; HIP- Hippocampus; NAC-Nucleus Accumbens. Alc-alcoholism.

Gene symbol/ Gene Name	Probesets	Discovery (Change) Method/ Score	Prioritization Total CFG Score For Suicide	Validation ANOVA p-value	Psychiatric disorders genetic evidence	Psychiatric disorders brain expression evidence	Psychiatric disorders peripheral expression evidence	Psychiatric Co-morbidity CFG Score For Other Disorders	Evidence for involvement in apoptosis
SKA2 spindle and kinetochore associated complex subunit 2	225686_at	(D) DE1 AP1	9	0.006 0.027				0	—
CCDC136 coiled-coil domain containing 136	226972_s_at	(D) AP4	8	NC			(I) Hallucinations blood ⁵⁵	2	—
CD44 CD44 molecule (Indian blood group)	209835_x_at	(D) DE2	8	NC		(D) Alc Frontal Cortex ⁵⁶	(D) Autistic Spectrum Disorder Lymphoblastoid ⁵⁷ MDD CSF ⁵⁸ (I) BP lymphocyte ⁵⁹	6	—
FADS1 fatty acid desaturase 1	208962_s_at 208964_s_at	(D) DE4 (I) DE1	8	NC 2.08E-06			(I) SZ lymphoblastoid ⁶⁰	2	—

FKBP5 FK506 binding protein 5	204560_at	(D) DE2	8	NC	PTSD ⁶¹ _{62 63 64} BP ⁷ MDD ^{65 66} ₆₇ SZ ⁶⁸	(I) BP PFC DLPFC ⁶⁹ ₇₀ Alc hippocampus ⁷¹	(D) PTSD Blood ⁷² Social Isolation Blood ⁷³ Alc Blood ⁷⁴ (I) MDD Blood ⁷⁵ ₇₆	8	—
FOXN3 forkhead box N3	205021_s_at	(D) AP2	8	4.99E-04	SZ ⁷⁷ _{78 79 80} BP Alc ⁸¹	(I) MDD AMY and cingulate cortex ⁸² SZ cerebellar cortex ⁸³	(I) SZ IPSC ⁸⁴	8	—
HADHA hydroxyacyl-CoA dehydrogenase/3-ketoacyl-CoA thiolase/enoyl-CoA hydratase (trifunctional protein), alpha subunit	208631_s_at	(D) DE4	8	NC				0	—
IL6 interleukin 6 (interferon, beta 2)	205207_at	(I) AP2	8	1.44E-08	SZ ^{85 86 87 88} Stress ^{89 90} MDD ⁹¹	(I) SZ DLPFC BA46 ⁹²	(I) BP blood ⁹³ _{94 95 96 97} 98 MDD blood ⁹⁹ _{100 101 102} 103 104 105 106 107 108 109 saliva ¹¹⁰ Antidepressants Plasma ¹¹¹ SZ Blood ¹¹² _{113 114 115}	8	—

								blood ¹³¹		
SAT1 spermidine/spermine N1-acetyltransferase 1	213988_s_at 210592_s_at 230333_at 203455_s_at	(I) DE2 DE1	8	1.08E-44 1.24E-40 6.93E-12 3.09E-38	Anxiety ¹³²	(I) MDD AMY and cingulate cortex ⁸²	(I) MDD blood ¹³³	8	Yes ¹³⁴	
SLC4A4 solute carrier family 4 (sodium bicarbonate cotransporter), member 4	211494_s_at 210739_x_at	(I) AP2 DE1	8	5.84E-05 0.002			(D) SZ IPSC ⁸⁴	2	—	
MAOB monoamine oxidase B	204041_at	(I) DE1	7	8.11E-08	Alc ¹³⁵ SZ ¹³⁶	(I) BP ACC, DLPFC cortex ¹³⁷ PFC ¹³⁸ MDD AMY and cingulate cortex ⁸² Alc prefrontal cortex ¹³⁹	(I) Alc human glioblastoma and neuroblastoma cell lines ¹³⁹	8	Yes ¹⁴⁰	
AHCYL1 adenosylhomocysteinase-like 1	207464_at	(D) DE2 AP1	6	2.22E-06 0.0238				0	—	
AKT1S1 AKT1 substrate 1 (proline-rich)	224982_at	(D) DE2 AP2	6	1.97E-07 3.54E-07			(I) Circadian abnormalities Blood ¹⁴¹	2	—	
ALDH3A2 aldehyde dehydrogenase 3 family, member A2	210544_s_at 210544_s_at	(D) DE2 AP1	6	3.73E-05 0.0348		(D) BP Brain ⁷⁰		4	—	
ARHGAP26 Rho GTPase activating protein 26	205068_s_at	(I) DE1	6	9.91E-08	SZ ⁷⁷ ₁₄₂ Autistic Spectrum Disorder ¹⁴³	(D) BP Brain ⁷⁰	(I) BP Blood ¹⁴⁴ Panic Disorder Lymphocyte ¹⁴⁵	8	—	

							(D) MDD Fibroblast ¹⁴⁶		
BCL2 B-cell CLL/lymphoma 2	207005_s_at 207004_at	(D) DE1 (I) AP1	6	0.000 3 0.02	BP ^{147 148} ¹⁴⁹ Anxiety ¹⁵⁰ SZ ¹⁴⁸	(D) BP Frontal Cortex ¹⁵¹ PTSD DLPFC BA46 ¹⁵²	(D) Mood stabilizer s Blood ¹⁵³ BP Lymphoblast ¹⁴⁷ (I) Alc Blood ¹⁵⁴ Pain Vertebral disc ¹⁵⁵	8	—
C20orf27	218081_at 50314_i_at	(D) DE2	6	2.80E- 13 2.47E- 05		(D) BP Brain ⁷⁰	(I) MDD Fibroblast ¹⁴⁶	6	—
CAPNS1 calpain, small subunit 1	200001_at	(D) DE2	6	0.000 2		(D) SZ PFC ¹⁵⁶ DLPFC ¹⁵⁷ BP Brain ⁷⁰ (I) Alc frontal ⁵⁶	(I) SZ Fibroblast ¹⁵⁸	6	—
CDC42EP4 CDC42 effector protein (Rho GTPase binding) 4	218062_x_at	(D) AP2	6	1.16E- 06		(D) MDD AMY and cingulat e cortex ⁸²	(D) Alc Blood ¹⁵⁴	6	—
CDH4 cadherin 4, type 1, R-cadherin (retinal)	220227_at	(I) DE2	6	0.009 08	MDD ¹⁵⁹ ADHD ¹⁶⁰ SZ ¹⁶¹ BP ¹⁶¹	(D) MDD DLPFC ¹⁶²		6	—
CXCL11	210163_at	(I)	6	0.029				0	—

chemokine (C-X-C motif) ligand 11		AP2		3					
EHBP1 EH domain binding protein 1	212650_at	(D) DE 4	6.00	NC	MDD ¹⁵⁹ Addictions ³¹	(D) ASD Autistic Spectrum Disorder cerebral cortex ¹⁶³	(D) SZ lymphoblastoid ⁶⁰ (D) Sleep Circadian abnormalities blood ¹⁴¹	8.00	-
EIF5A eukaryotic translation initiation factor 5A	201123_s_at	(D) DE2	6	0.0006		(D) Addictions, Stimulants NAC ¹⁶⁴	(I) BP Blood ¹⁴⁴	6	-
EMID1 EMI domain containing 1	1564251_at	(I) DE2	6	0.0346			(D) BP Blood ¹⁶⁵	2	
FAM49B family with sequence similarity 49, member B	217535_at	(I) AP2	6	0.0188		(D) BP Brain ⁷⁰		4	
FH fumarate hydratase	203032_s_at	(D) DE2	6	5.10E-11		(D) MDD AMY and cingulate cortex ⁸² BP Brain ⁷⁰ BP Hippocampus ¹⁶⁶	(D) Stress Blood ¹⁶⁷ MDD MNC ¹⁶⁸ (I) BP Whole blood ¹⁴⁴	6	-
GCOM1 GRINL1A complex locus 1	228568_at	(I) DE2	6	2.13E-09			(D) PTSD Blood ¹⁶⁹	2	-
GPM6B glycoprotein M6B	236116_at 209170_s_at	(D) AP1 DE1	6	2.32E-07 0.0119		(D) Alc Frontal cortex ⁵⁶ MDD DLPFC ¹⁶² Tourette Syndrome Putame	(D) Delusions Blood ⁵⁵ SZ lymphocyte ⁵⁹	6	-

							ⁿ ¹⁷⁰ (I) Alc Frontal, motor cortex ¹⁷¹			
							SZ Cerebell um ¹⁷²			
HOMEZ homeobox and leucine zipper encoding	231868_at	(D) DE2 AP1	6	1.38E- 12 8.27E- 05				0	—	
HPCAL1 hippocalcin-like 1	1560154_a_at	(I) DE2	6	7.50E- 05		MDD ¹⁷³	(D) BP Brain ⁷⁰	(I) Migraine Lymphoc yte ¹⁷⁴	8	—
IKBKB inhibitor of kappa light polypeptide gene enhancer in B-cells, kinase beta	211027_s_at	(D) DE2	6	1.24E- 06				(D) Relaxatio n Response Blood ¹⁷⁵	2	—
ITGB4 integrin, beta 4	211905_s_at	(D) DE2	6	0.029 0			(I) Alc Hippoca mpus ⁷¹	(D) SZ IPSC ⁸⁴	6	—
LDLRAP1 low density lipoprotein receptor adaptor protein 1	221790_s_at	(D) DE2	6	2.24E- 16					0	—
LOC728543 uncharacterized LOC728543	234133_s_at	(D) DE2	6	1.97E- 05					0	—
MAP2K5 mitogen-activated protein kinase kinase 5	211370_s_at	(D) DE2	6	0.006 12		Addictions , Stimulants ¹⁷⁶ Addictions , Nicotine ¹⁷⁷ MDD ¹⁷⁸ Agoraphob ia ¹⁷⁸	(D) MDD AMY and cingulat e cortex ⁸² BP brain ⁷⁰		6	—
MAPK9 mitogen-activated protein kinase 9	225781_at	(I) DE2	6	0.013 2			(D) BP Brain ⁷⁰		4	—
NEAT1 nuclear	224565_at	(I) DE2	6	2.33E- 24					0	—

paraspeckle assembly transcript 1 (non-protein coding)									
NMB neuromedin B	205204_at	(D) DE2	6	0.014 9	SZ ¹⁷⁹ , ¹⁸⁰	(I) MDD AMY and cingulate cortex ⁸²		6	—
PAFAH1B2 platelet-activating factor acetylhydrolase 1b, catalytic subunit 2 (30kDa)	210160_at	(D) DE2	6	3.66E-08				0	—
PCBD2 pterin-4 alpha-carbinolamine dehydratase/dimerization cofactor of hepatocyte nuclear factor 1 alpha (TCF1) 2	231085_s_at	(D) DE2	6	0.0345			(D) Hallucinations Blood ⁵⁵ (I) Alcohol Blood ¹⁵⁴	2	—
PIK3C2A phosphatidylinositol-4-phosphate 3-kinase, catalytic subunit type 2 alpha	1553694_a_at	(D) DE2	6	3.75E-09	BP ¹⁸¹ SZ ¹⁸¹ ₁₈₀	(D) MDD ACC ¹⁸² (I) BP ACC ¹⁸²	(D) Delusions Blood ⁵⁵ Hallucinations Blood ⁵⁵	8	Yes ¹⁸³ 184, 185
PKP4 plakophilin 4	201927_s_at	(D) AP1	6	0.0486		(D) BP brain ⁷⁰ (I) MDD AMY cingulate cortex ⁸² Alc PFC ¹⁸⁶ SZ PFC ¹⁸⁷	(I) Delusions blood ⁵⁵ MDD Fibroblast ¹⁴⁶	6	—
PTK2 protein tyrosine kinase 2	241453_at	(I) DE2	6	1.11E-33	SZ ¹⁸⁸	(I) BP Brain ⁷⁰ Alc Superior frontal cortex ¹⁸⁹	(I) Pain Vertebral disc ¹⁵⁵ (D) Hallucinations Blood ⁵⁵	8	—

							Delusions Blood ⁵⁵ Autistic Spectrum Disorder lymphocy te ⁵⁷		
							Relaxatio n Response Blood mononucl ear cells ¹⁷⁵		
RASL11B RAS-like, family 11, member B	219142_at	(I) AP2	6	0.012 4				0	—
SLC5A3 solute carrier family 5 (sodium/myo-inositol cotransporter), member 3	213167_s_at	(D) DE2	6	1.06E- 11			(D) Stress Blood ¹⁶⁷	2	Yes ^{190,} ₁₉₁
SNORA68 small nucleolar RNA, H/ACA box 68	1566402_at15 66403_at	(I) DE2 AP1	6	0.003 10 0.008 13				0	—
SOD2 superoxide dismutase 2, mitochondrial	216841_s_at	(I) DE1	6	0.000 42	Addictions , Stimulants ¹⁹²	(D) MDD AMY and cingulat e cortex ⁸²	(D) Antidepr essants MNC ¹⁶⁸	6	—
SYNE2 spectrin repeat containing, nuclear envelope 2	242774_at 1558392_at	(D) DE2 DE1	6	6.83E- 08 0.018 3	SZ ¹⁹⁴ ¹⁹⁵ ¹⁹⁶	(D) Circadian abnormal ities Whole blood ¹⁴¹		2	Yes ¹⁹⁸
TCF7L2 transcription factor 7-like 2 (T-cell specific, HMG-box)	212762_s_at	(I) DE1	6	0.028 0	SZ ¹⁹⁹ ²⁰⁰ BP ²⁰¹ Autistic Spectrum Disorder	(I) SZ PFC ²⁰³ hippoca mpus	(D) BP Blood ²⁰⁴	8	Yes ^{205,} _{206,} _{207,208} _{,209, 210}

							²⁰²	Alc HIP ⁷¹			
TGOLN2 trans-golgi network protein 2	203834_s_at	(D) AP1	6	1.10E-07			(D) BP brain ⁷⁰ (I) MDD AMY and cingulat e cortex ⁸² SZ PFC (left dorsolat eral) ²¹¹	(D) Stress Blood ¹⁶⁷ SZ Blood ²¹² (I) Relaxatio n Response Blood ¹⁷⁵	6	—	
TRAK2 trafficking protein, kinesin binding 2	202124_s_at	(D) DE2	6	0.006			(I) BP APC ²¹³		4	—	
ADRBK1 adrenergic, beta, receptor kinase 1	201401_s_at	(D) DE1	5	2.22E-05			(D) SZ DLPFC (Brodmann area 9/46) suprage nual (BA24) anterior cingulat ed cortex ^{214 215}	(D) MDD Blood ²¹⁶ Pain vertebral disc ¹⁵⁵	6	—	
AHCYL2 adenosylhomocys teinase-like 2	212814_at	(D) AP1	5	0.001 03		Autistic Spectrum Disorder ²¹⁷			2	—	
AIMP1 aminoacyl tRNA synthetase complex- interacting multifunctional protein 1	227605_at 202542_s_at 235594_at	(D) AP1 DE2	5	8.37E-05 0.013 8 0.030 1					0		
ATP6V0E1 ATPase, H+ transporting, lysosomal 9kDa, V0 subunit e1	236527_at	(D) AP1	5	3.80E-07		BP ²¹⁸	(D) MDD ACC, DLPFC ²¹⁹ (I) BP ACC, DLPFC ²¹⁹	(D) Alcohol Blood ¹⁵⁴ Stress Blood ¹⁶⁷	6	—	
BRAF v-raf murine sarcoma viral	236402_at	(I) DE1	5	6.07E-29			(D) SZ, BP		4	—	

oncogene homolog B						Frontal cortex ²²⁰			
BRCC3 BRCA1/BRCA2-containing complex, subunit 3	216521_s_at	(D) DE1	5	5.79E-08		(D) BP Brain ⁷⁰	(D) Circadian abnormalities Blood ¹⁴¹	6	—
C1orf61	205103_at	(I) DE1	5	2.95E-13			(D) SZ IPSC ⁸⁴	2	—
CALR calreticulin	212953_x_at	(I) DE1	5	6.20E-06	SZA ²²¹	(D) MDD DLPFC ²²²	(I) Pain Vertebral disc ¹⁵⁵ (D) Relaxation Response Blood ¹⁷⁵	8	—
CAMK2B calcium/calmodulin-dependent protein kinase II beta	209956_s_at	(I) DE1	5	0.00025		(I) BP Frontal DLPFC Broadmann Area 9 ^{223 224} SZ Frontal cortex ²²³ (D) BP Brain ⁷⁰ Cocaine, Cannabis, PCP abuse Anterior PFC ²²⁵ SZ Suprarenal ACC ²¹⁵		4	—
CAV1 caveolin 1, caveolae protein, 22kDa	212097_at	(I) DE1	5	7.31E-07	SZ ¹⁸⁸ Alzheimer's Disease ²²⁶	DLPFC (BA46) (D) (BP)		6	Yes ²²⁸
CHD2 chromodomain helicase DNA	1554014_at	(I) DE1	5	2.40E-24	Autistic Spectrum Disorder	(I) BP Brain ⁷⁰	(D) Mood Blood ¹⁶⁵	8	—

binding protein 2						²⁰²	SZ Blood ²²⁹			
CLTA clathrin, light chain A	1560434_x_at	(I) DE1	5	0.000 64		(D) BP Brain ⁷⁰	MDD Fibroblast ¹⁴⁶	(D) Alzheimer's Disease Blood ²³⁰	6	—
CNP 2',3'-cyclic nucleotide 3' phosphodiesterase	1557943_at	(D) AP1	5	0.031 5	SZ ²³¹	(D) SZ PFC ²³² _{231 233} Addictions, Alcohol Frontal cortex ⁵⁶ ₁₈₉ Occipital cortex ²³⁴ MDD Middle temporal gyrus corresponding to Brodmann's area 21 (BA21) ²³⁵ AMY ²³⁶	(D) Circadian abnormalities Blood ¹⁴¹	8	—	
COL9A2 collagen, type IX, alpha 2	232542_at	(D) DE1	5	0.000 44				0	Yes ²³⁷	
CPSF2 cleavage and polyadenylation specific factor 2, 100kDa	233208_x_at	(D) AP1	5	0.001 71				0	—	
CREM cAMP responsive element modulator	241740_at	(I) AP1	5	1.08E- 06	Panic Disorder ²³⁸ ₂₃₉	(I) MDD AMY and cingulate cortex		6	—	

							⁸² (D) Addictio ns, Alcohol Frontal, motor cortex ₁₇₁			
CTTN cortactin	214782_at 201059_at	(I) DE1	5	3.46E- 18 0.036 3			(D) MDD AMY and cingulat e cortex ₈₂	(I) Mood Stabilizer s NT2.D1 cells ²⁴⁰ (D) Stress, Social Isolation Blood ⁷³	6	—
CUL4B cullin 4B	210257_x_at	(D) DE1	5	0.007 76					0	—
DAAM2 dishevelled associated activator of morphogenesis 2	212793_at	(I) DE1	5	0.008 56		SZ ₂₄₁	(I) SZ Superior tempora l gyrus ₂₄₂ Addictio ns, Alcohol PFC I ¹⁸⁶ MDD AMY ²⁴³	(I) SZ Blood ²⁴⁴ ₂₂₉ (D) PTSD Blood ²⁴⁵	8	—
DAB2 Dab, mitogen- responsive phosphoprotein, homolog 2 (Drosophila)	201279_s_at	(I) DE1	5	0.000 98				(I) Delusions Blood ⁵⁵	2	—
DLL1 delta-like 1 (Drosophila)	227938_s_at	(D) DE1	5	0.000 16			(I) BP Brain ⁷⁰	(D) SZ iPSC ⁸⁴ PTSD PBMC ₂₄₆	6	Yes ²⁴⁷
DNAH2 dynein, axonemal, heavy chain 2	215840_at	(D) DE1	5	0.006 37				(D) Autistic Spectrum Disorder Blood ²⁴⁸	2	—
DPP4 dipeptidyl-	211478_s_at	(D)	5	1.43E-		SZ		(D)	4	—

peptidase 4		DE4		07		²⁴⁹		PTSD Blood ¹⁶⁹ (I) SZ Blood ²⁰⁴		
G2E3 G2/M-phase specific E3 ubiquitin protein ligase	223254_s_at	(D) AP1	5	0.021 4					0	
GABARAPL1 GABA(A) receptor-associated protein like 1	208869_s_at	(I) DE1	5	3.48E- 28			(D) BP Brain ⁷⁰	(D) Panic Disorder Lymphocyte ¹⁴⁵	6	Yes ²⁵⁰
GLUL glutamate-ammonia ligase	215001_s_at	(I) DE1	5	3.96E- 15			(I) SZ Thalamus ²⁵¹ BP Anterior cingulate cortex, DLPFC ²¹⁹ SZ DLPFC (BA 46) ²⁵² BP DLPFC (BA 46) ²⁵² (D) MDD DLPFC ²⁵³ Locus coeruleus (LC)forebrain ²⁵⁴ DLPFC ¹⁶² Anterior cingulate cortex, DLPFC	(I) Circadian abnormalities Blood ¹⁴¹ Mood stabilizers Blood ²⁵⁷ BP Blood ¹⁴⁴	6	—

							²¹⁹ SZ DLPFC ₂₅₅			
GUK1 guanylate kinase 1	200075_s_at	(D) DE1	5	0.036 2			PFC gray matter ₂₅₆	(I) MDD Plasma ₂₅₈ SZ Blood ²¹²	2	—
HELZ helicase with zinc finger	240486_at	(I) DE1	5	3.56E- 06					0	—
IGHG1 immunogl obulin heavy constant gamma 1 (G1m marker)	241074_at	(I) DE1	5	0.034 2			(I) SZ APC ²¹³ BP APC ²¹³ (D) SZA APC ²¹³	(I) Hallucina tions Blood ⁵⁵ (D) Mood Blood ¹⁶⁵ Autistic Spectrum Disorder Lymphoc yte ⁵⁷ Stress, Social Isolation Blood ⁷³	6	—
IL1B interleukin 1, beta	205067_at 39402_at	(I) DE1	5	0.033 8 0.038 0		BP ₂₅₉ ₂₆₀ SZ ₂₆₁ Addictions , Alcohol ₂₆₂ MDD ₂₆₃ ₂₆₄ Anxiety ₂₆₃ Stress ₈₉ ₉₀ SZ DLPFC (BA46) ₉₂	(I) Alzheim er's Disease Hippoca mpal cornu ammoni s 1 (CA1) ₂₆₅ BP Frontal cortex ₂₆₆ SZ DLPFC (BA46) ₉₂	(I) BP Blood ⁹³ ₉₄ SZ Plasma ₂₆₈ Serum ¹¹³ ₁₁₅ Blood ²⁶⁹ ₂₇₀ CSF ²⁷¹ MDD Blood ₂₇₂ Plasma ₁₀₇	8	—

						Tourette Syndrome Putamen ¹⁷⁰ (D) MDD DLPFC ²⁶⁷	Serum ²⁷³ PTSD Serum ²⁷⁴ PBMC ¹²⁷ Autistic Spectrum Disorder Blood ²⁷⁵ Stress, Social Isolation Leukocytes ⁷³ Psychosis Serum ¹²¹ Antipsychotics Serum ¹²² Anxiety Plasma ¹⁰⁷ (D) Borderline Personality Disorder Blood ¹²⁴ Stress Blood ¹²⁴		
JAK3 Janus kinase 3	211108_s_at	(D) DE1	5	5.42E-11				0	-
JUN jun proto-oncogene	201464_x_at 213281_at 201466_s_at	(I) DE1 AP1	5	2.63E-51 1.02E-41 2.21E-08		(I) SZ cerebellar vermis ²⁷⁶ middle tempora l gyrus ²⁷⁷ thalamus ²³⁶ MDD middle tempora l gyrus ²³⁵ AMY ²³⁶	(I) Pain Vertebral disc ¹⁵⁵ SZ Fibroblast s ²⁷⁸ (D) SZ blood ²⁷⁸	6	-

JUNB jun B proto-oncogene	201473_at	(I) DE1	5	1.09E-18			(I) MDD PFC ²⁷⁹ Addictions, Alcohol PFC ¹⁸⁶	(I) SZ Blood ²⁴⁴ Pain Blood ²⁸⁰	6	-
LAPTM4B lysosomal protein transmembrane 4 beta	1554679_a_at	(D) AP1	5	0.0113			(D) BP Brain ⁷⁰	(D) Mood Blood ¹⁶⁵ PTSD Blood ¹⁶⁹	6	-
LHFP lipoma HMGIC fusion partner	218656_s_at	(I) DE1	5	1.27E-06		SZ 281			2	-
LPAR1 lysophosphatidic acid receptor 1	204036_at	(D) AP1	5	7.67E-06		BP 148 SZ 148	(I) BP Parietal cortex ²⁸² Anterior cingulate cortex ¹⁸² (D) MDD Middle temporal gyrus corresponding to Brodmann's area 21 (BA21) ²³⁵ AMY ²³⁶ Anterior cingulate cortex ¹⁸²	(I) Mood Blood ¹⁶⁵ (D) SZ Lymphocytes ²⁸³	8	-
MAGI3 membrane associated guanylate kinase, WW and PDZ	226770_at	(D) AP1	5	0.0292					0	-

domain containing 3									
MARCKS myristoylated alanine-rich protein kinase C substrate	213002_at 201670_s_at	(I) DE1	5	1.51E- 06 0.000 4		(I) MDD PFC ²⁸⁴ SZ DLPFC (left hemisph ere, Broadm an area 46) ²⁸⁵ SZ DLPFC Broadm ann Area 9 ²²⁴ (D) BP Brain ⁷⁰ SZ DLPFC (Brodm ann areas 9/46) ²⁸⁶	(D) MDD Blood ²⁸⁷ 6	—	
MBP myelin basic protein	225408_at	(D) AP1	5	6.74E- 10	SZ ²⁸⁸ 148 BP ⁷⁹ 148 Primary Visual Cortex ²⁹¹ Alzheim er's Disease Frontal white	(D) BP Hippoca mpus ²⁸⁹ APC ²¹³ SZ Hippoca mpal formatio n ²⁸⁹ PFC (BA- 9) (D) ²⁹⁰ Alzheim er's Disease Frontal white	(D) SZ blood ²¹² (I) Mood Blood ¹⁶⁵ Pain Vertebral disc ¹⁵⁵	8	

							matter 292			
							MDD AMY ²³⁶			
							DLPFC BA9 ²²⁴			
MCRS1 microspherule protein 1	202556_s_at	(D) DE1	5	3.29E-05			(I) MDD Pituitary ²⁹³		4	Yes ²⁹⁴
MEF2C myocyte enhancer factor 2C	207968_s_at	(D) DE1	5	3.47E-09		SZ ²⁴⁹ BP ⁸⁰	(D) BP Brain ⁷⁰	(D) Chronic Stress Blood ¹⁶⁷	8	—
MT1E metallothionein 1E	212859_x_at	(I) DE1	5	0.000 20			(I) BP Brain ⁷⁰		4	Yes ²⁹⁷
MT1H metallothionein 1H	206461_x_at	(I) DE1	5	5.62E-05			SZ DLPFC ²⁹⁵	(D) SZ Frontal cortex ²⁹⁶		
MT2A metallothionein 2A	212185_x_at	(I) DE1	5	0.002 18			(I) BP Brain ⁷⁰	(I) Mood Stabilizer s NT2.D1 cells ²⁴⁰	5	—

						I gyrus 277			
						DLPFC 298 295			
						Thalamu S 299			
						Addictio ns, Alcohol Hippoca mpus ⁷¹			
						(D) MDD AMY and cingulat e cortex 82			
NDRG1 N-myc downstream regulated 1	200632_s_at	(I) DE1	5	3.21E- 22		(I) SZ APC ²¹³		4	—
NUCB2 nucleobindin 2	229838_at	(I) DE1	5	0.012 4				0	Yes ³⁰³
OGFR opioid growth factor receptor	211513_s_at	(D) DE1	5	0.000 53				0	Yes ³⁰⁴ , ³⁰⁵
PCDH9 protocadherin 9	238919_at	(D) AP1	5	0.021 5			(D) Hallucina tions Blood ⁵⁵	2	—
PHF20L1 PHD finger protein 20- like 1	219606_at	(I) DE1	5	7.97E- 05		(I) SZ PFC ²⁰³		4	Yes ³⁰⁶
						(D) BP Brain ⁷⁰			
PLEKHB1 pleckstrin homology domain containing, family B (ejectins) member 1	209504_s_at	(D) DE1	5	6.07E- 07			(D) Alcohol Blood ¹⁵⁴	2	—
							SZ IPSC ⁸⁴		
POLR2D polymerase (RNA) II (DNA directed) polypeptide D	214144_at	(D) AP1	5	1.02E- 09		(D) BP Brain ⁷⁰		4	—
PRKACA protein kinase, cAMP-dependent, catalytic, alpha	202801_at	(D) AP1	5	0.032 4		(D) SZ DLPFC ¹⁵⁷	(D) MDD CSF ⁵⁸	6	—

							BP Brain ⁷⁰			
PRKCB protein kinase C, beta	227824_at 230437_s_at	(D) DE1 AP1	5	3.15E-09 1.34E-04 0.003	MDD ³⁰⁷ Autistic Spectrum Disorder ³⁰⁸ ³⁰⁹	(D) BP Anterior cingulate cortex ¹⁸² Autistic Spectrum Disorder Temporal neocortex ³⁰⁸ (I) MDD Anterior cingulate cortex ¹⁸² SZ DLPFC (left hemisphere, Broadman area 46) ²⁸⁵	(D) Chronic Stress Blood ¹⁶⁷ BP Blood ³¹⁰ PTSD Blood ³¹¹ (I) SZ Blood ³¹²	8	Yes ³¹³	
PSMB4 proteasome (prosome, macropain) subunit, beta type, 4	202243_s_at	(D) DE1	5	9.98E-07	MDD ³¹⁴ ³¹⁵	(D) SZ DLPFC ³¹⁶ (D) SZA DLPFC ³¹⁶ (D) BP Brain ⁷⁰ (I) MDD AMY and cingulate cortex ⁸²		6	—	
PTEN phosphatase and tensin homolog	204053_x_at 222176_at	(I) DE1	5	7.66E-17 0.0003		(I) SZ PFC ²⁰³	(D) PTSD Blood ¹⁶⁹	6	—	

RAB35 RAB35, member RAS oncogene family	205461_at	(D) DE2	5	0.000 34		(D) BP Brain ⁷⁰		4	—
RBMX RNA binding motif protein, X-linked	1556336_at 213762_x_at	(D) DE1	5	1.40E- 13 0.023 2				0	—
RECK reversion-inducing-cysteine-rich protein with kazal motifs	216153_x_at	(I) DE1	5	0.000 93			(I) PTSD Blood ¹⁶⁹	2	Yes ³¹⁷ , ³¹⁸ ³¹⁹ ,
RNASEL ribonuclease L (2',5'-oligoisoadenylate synthetase-dependent)	221287_at	(D) AP1	5	6.05E- 06		(D) BP Brain ⁷⁰	(I) SZ IPSC ⁸⁴	6	—
SELENBP1 selenium binding protein 1	214433_s_at	(D) DE1	5	0.000 19	Autistic Spectrum Disorder ³²⁰ SZ ³²¹	(I) SZ Hippocampus ³²¹ DLPFC ³²²	(D) SZ Blood ²⁴⁴ (I) Circadian abnormalities Blood ¹⁴¹	8	Yes ³²³
SHISA2 shisa family member 2	230493_at	(I) DE1	5	0.001 07				0	—
SLC35E1 solute carrier family 35, member E1	222263_at	(D) AP1	5	0.006 51		(I) MDD AMY and cingulate cortex ⁸²		4	—
SNAP23 synaptosomal-associated protein, 23kDa	209131_s_at	(D) AP1	5	0.000 39			(D) BP Blood ¹⁴⁴ Stress, Social Isolation Leukocytes ⁷³	2	Yes ³²⁴
TM4SF1 transmembrane 4 L six family member 1	209386_at	(I) DE1	5	6.12E- 11			(D) SZ lymphocyte ⁵⁹	2	—
TMEM254 transmembrane protein 254	218174_s_at	(D) DE1	5	1.35E- 08				0	—
TMEM259 transmembrane protein 259	212574_x_at 212575_at 213986_s_at	(D) DE1	5	0.000 7 0.003			(D) SZ Blood	2	—

				0.004			³²⁵ PTSD Blood ₁₆₉ (I) MDD Leukocytes ₃₂₆		
TNS1 tensin 1	218863_s_at	(D) DE1 AP2	5	6.29E-05 0.012 3			(D) MDD AMY and cingulate cortex ₈₂ (I) Circadian abnormalities Blood ¹⁴¹	(D) SZ Blood ²⁴⁴ (I) Circadian abnormalities Blood ¹⁴¹	6 Yes ³²⁷ , ₃₂₈
TPBG trophoblast glycoprotein	203476_at	(I) DE1	5	6.66E-06			(D) BP Brain ⁷⁰ SZ PFC ¹⁸⁷	(I) Mood stabilizers neuroblastoma VPA ₂₈₂	4 —
TPD52L1 tumor protein D52-like 1	203786_s_at	(I) DE1	5	1.52E-16				(I) Mood Stabilizers NT2.D1 cells ₂₄₀	1 —
TRIM23 tripartite motif containing 23	210995_s_at	(D) DE1	5	3.28E-14			(D) BP Brain ⁷⁰ BP Orbitofrontal Cortex ₃₂₉ SZ DLPFC ₂₉₈		4 Yes ³³⁰
TSC22D3 TSC22 domain family, member 3	208763_s_at	(I) DE1	5	2.01E-05			(I) Addictions, Alcohol HIP ⁷¹ (D) Delusions Blood ⁵⁵ MDD Blood ₁₀₆	6 Yes ³³¹	
TSPAN33 tetraspanin 33	225775_at	(D) AP1	5	0.003 02					0 —
VMP1 vacuole	1569003_at	(I) DE1	5	0.002 91					0 Yes ³³²

membrane protein 1										
VPREB3 pre-B lymphocyte 3	220068_at	(D) DE1	5	0.001 04				0	-	
ZFP36 ZFP36 ring finger protein	201531_at	(I) DE1	5	8.72E- 27			(I) MDD DLPFC 162	(I) Pain Blood 280	6	-
ZFYVE21 zinc finger, FYVE domain containing 21	219929_s_at	(D) AP1	5	1.69E- 04		SZ 249			2	-
ZHX2 zinc fingers and homeoboxes 2	203556_at	(I) DE1	5	0.001 98				(I) BP lymphocyte 59	2	333
ZNF519 zinc finger protein 519	1568873_at	(D) AP1	5	0.011 64				(I) Autistic Spectrum Disorder Blood 248	2	Yes ³³⁴
B4GALT1 UDP-Gal:betaGlcNAc beta 1,4-galactosyltransferase, polypeptide 1	228498_at	(I) DE 4	4	NC			(D) Addictions ³³⁵ NAC	(I) Mood Stabilizers NT2.D1 cells 240	3	-
BTBD3 BTB (POZ) domain containing 3	243461_at	(I) DE 4	4	NC		OCD ³³⁶			2	Yes ³³⁷
CADM1 cell adhesion molecule 1	237259_at	(I) DE4	4	NC		Autistic Spectrum Disorder ³³⁸	(I) BP brain ⁷⁰ (D) BP APC ²¹³	(D) Mood Blood ¹⁶⁵ MDD blood ²⁸⁷	8	-
CATSPER3 cation channel, sperm associated 3	230981_at	(D) AP4	4	NC					0	-
CCL28 chemokine (C-C motif) ligand 28	224240_s_at	(D) AP4	4	NC				(D) BP blood ¹⁶⁵ Sleep Circadian abnormalities blood ¹⁴¹ (I) Anxiety SSRI lymphoblastoid ³³⁹	2	Yes 340 341

CLIP4 CAP-GLY domain containing linker protein family, member 4	219944_at	(D) DE4	4	NC				0	-
CTBS chitobiase, di-N-acetyl-	218924_s_at	(I) DE 4	4	NC			(I) MDD PFC ¹⁶²	4	-
CYorf17 chromosome Y open reading frame 17	234274_at	(D) DE 4	4	NC				0	-
DCAF15 DDB1 and CUL4 associated factor 15	221851_at	(D) DE4	4	0.030 2			(I) Addictions, Alcohol HIP ⁷¹	4	-
DEPDC5 DEP domain containing 5	234548_at	(I) AP4	4	NC			(D) BP PFC ⁷⁰ (I) BP PFC ³⁴²	4	-
DTNA dystrobrevin, alpha	211493_x_at	(I) AP4	4	NC	BP ⁸⁰		(I) BP PFC ³⁴² (D) MDD AMY and cingulate cortex ⁸² Tourette Syndrome putamen ¹⁷⁰	6	-
EMR2 egf-like module containing, mucin-like, hormone receptor-like 2	232009_at	(I) DE 4	4	NC			(D) Chronic stress blood ¹⁶⁷	2	Yes ³⁴³
EPHA10 EPH receptor A10	243717_at	(D) DE4	4	0.008 01				0	-
ERG v-ets avian erythroblastosis virus E26	213541_s_at	(D) DE 4	4	NC	Addictions ³⁴⁴			1	-

oncogene homolog									
ERV3-2 endogenous retrovirus group 3, member 2	222139_at	(I) DE 4	4	NC			(I) SZ blood ²²⁹	2	-
FAM183CP family with sequence similarity 183, member C, pseudogene	1569887_a_at	(I) AP4	4	NC				0	-
HIST1H2BO histone cluster 1, H2bo	214540_at	(I) DE4	4	4.77E-10			(I) Relaxation Response Blood ¹⁷⁵	2	-
HS3ST3B1 heparan sulfate (glucosamine) 3-O-sulfotransferase 3B1	1561908_a_at	(D) AP4	4	NC	Aging Longevity ³⁴⁵		(I) SZ fibroblast ⁸⁴	4	-
IQCH IQ motif containing H	224165_s_at	(D) DE4	4	0.003 24			(D) Delusions Blood ⁵⁵	2	-
KCTD21 potassium channel tetramerization domain containing 21	229873_at	(I) DE 4	4	NC				0	-
KERA keratocan	220504_at	(I) DE4	4	0.000 21				0	-
KIF2C kinesin family member 2C	211519_s_at	(D) AP4	4	0.000 56				0	-
KLHDC3 kelch domain containing 3	214383_x_at	(D) DE4	4	1.57E-17		(D) BP brain ⁷⁰	(D) BP Lymphocyte ¹⁹⁷	6	-
LAMB1 laminin, beta 1	238608_at	(I) AP4	4	NC	Personality Conscientiousness ³⁴⁶	(D) Aging PFC ³⁴⁷ BP PFC ⁷⁰ (I) Addictions FC ¹⁸⁹	(I) Hallucinations blood ⁵⁵	6.00	-
LOC100129917 uncharacterized LOC100129917	236411_at	(D) DE4	4	0.002 25				0	Yes ³⁴⁸
LOC100289061 uncharacterized LOC100289061	1563071_at	(I) AP4	4	NC				0	-

LOC100996345 uncharacterized LOC100996345	240697_at	(D) DE4	4	7.20E-05					0	-
LOC285500 uncharacterized LOC285500	1558451_at	(I) DE 4	4	NC					0	-
MED21 mediator complex subunit 21	209363_s_at	(D) AP4	4	0.074 26			(D) BP ⁷⁰		4	-
PCIF1 PDX1 C-terminal inhibiting factor 1	222045_s_at	(D) AP4	4	NC				(D) MDD Fibroblast ₁₄₆	2	Yes ₃₄₉
PLEC plectin	216971_s_at	(D) DE 4	4	NC				(D) BP blood ¹⁴⁴	2	Yes ₃₅₀
RAB36 RAB36, member RAS oncogene family	211471_s_at	(I) AP4	4	NC					0	-
RAD23A RAD23 homolog A (<i>S. cerevisiae</i>)	201039_s_at	(D) DE 4	4	NC			(I) MDD AMY and cingulat e cortex ₈₂		4	Yes ₃₅₁
RHAG Rh-associated glycoprotein	206145_at	(D) AP4	4	NC				(I) Delusions blood ₅₅	2	-
ROBO4 roundabout, axon guidance receptor, homolog 4 (<i>Drosophila</i>)	220758_s_at	(D) AP4	4	NC					0	-
RP11-669N7.2 uncharacterized L OC283352	1561757_a_at	(I) AP4	4	NC					0	-
RPL6P17 ribosomal protein L6 pseudogene 17	216816_at	(D) AP4	4	NC					0	-
SETD8 SET domain containing (lysine methyltransferase) 8	220200_s_at	(D) DE 4	4	NC		SZ ²⁴⁹		(D) Mood blood ¹⁶⁵	4	Yes _{352 353}
SH3GLB2 SH3-domain GRB2-like endophilin B2	218813_s_at	(D) DE4	4	0.000 17			(D) BP Brain ⁷⁰	(D) BP Blood ¹⁴⁴	6	-
ST6GALNAC4 ST6 (alpha-N- acetyl- neuraminy-2,3- beta-galactosyl-	221551_x_at	(D) DE4	4	3.22E-05					0	-

1,3)-N-acetylgalactosamine alpha-2,6-sialyltransferase 4									
TEX10 testis expressed 10	1558702_at	(D) AP4	4	0.002 81				0	-
TEX261 testis expressed 261	1559675_at	(D) AP4	4	0.004 27			(I) Mood Blood ¹⁶⁵ (D) Hallucinations Blood ⁵⁵	2	-
TFDP1 transcription factor Dp-1	242538_at	(I) AP4	4	0.002 38				0	-
TMLHE-AS1 TMLHE antisense RNA 1	1560797_s_at	(I) DE 4	4	NC				0	-
TMSB15B thymosin beta 15B	1556964_s_at	(D) DE4	4	0.007			(I) MDD Fibroblast ¹⁴⁶	2	-
TUBGCP3 tubulin, gamma complex associated protein 3	215739_s_at	(D) DE2	4	2.05E-16			(D) BP Blood ¹⁴⁴	2	-
TXNRD2 thioredoxin reductase 2	210803_at	(D) AP4	4	0.042 5				0	Yes 354
USP12 ubiquitin specific peptidase 12	229987_at	(D) AP4	4	0.272 3			(I) Sleep Circadian abnormalities blood ¹⁴¹	2	Yes 355
VEGFB vascular endothelial growth factor B	203683_s_at	(D) AP4	4	5.13E-07				0	-
ZBTB7A zinc finger and BTB domain containing 7A	213299_at	(D) DE4	4	2.05E-06			(I) MDD AMY and cingulate cortex ⁸²	4	-

Table S4. Top candidate biomarker genes - drugs that modulate these markers in the opposite direction.

Gene symbol/ Gene Name	Discovery (Change) Method/ Score	Prioritization Total CFG Score For Suicide	Validation ANOVA p-value	Modulated by Omega-3	Modulated by Lithium	Modulated by Clozapine	Other Drugs
CCDC136 coiled-coil domain containing 136	(D) AP4	8	NC			(I) Mouse VT ³⁵⁶	
CD44 CD44 molecule (Indian blood group)	(D) DE2	8	NC			(I) Mouse Blood ³⁵⁶	
IL6 interleukin 6 (interferon, beta 2)	(I) AP2	8	1.44E-08	(D) Human Blood ³⁵⁷			tocilizumab siltuximab
SAT1 spermidine/spermine N1-acetyltransferase 1	(I) DE2 DE1	8	1.08E-44	(D) Mouse Blood ³⁵⁸			
MAOB monoamine oxidase B	(I) DE1	7	8.11E-08				selegiline
ARHGAP26 Rho GTPase activating protein 26	(I) DE1	6	9.91E-08			(D) Mouse VT ³⁵⁶	
BCL2 B-cell CLL/lymphoma 2	(D) DE1	6	0.0003		(I) Human Blood ¹⁵³	(I) Rat Dentate gyrus Hippocampus ³⁵⁹	
EHBP1 EH domain binding protein 1	(D) DE 4	6	NC			(I) VT ³⁵⁶	
FAM49B family with sequence similarity 49, member B	(I) AP2	6	0.0188	(D) Mouse Blood ³⁵⁸			
HPCAL1 hippocalcin-like 1	(I) DE2	6	7.50E-05			(D) Mouse VT ³⁵⁶	
MAPK9 mitogen-activated protein kinase 9	(I) DE2	6	0.0132			(D) Mouse VT ³⁵⁶	
NEAT1 nuclear paraspeckle assembly	(I) DE2	6	2.33E-24			(D) Mouse VT ³⁵⁶	

transcript 1 (non-protein coding)							
RASL11B RAS-like, family 11, member B	(I) AP2	6	0.0124			(D) Mouse Caudate putamen ³⁵⁶	
TRAK2 trafficking protein, kinesin binding 2	(D) DE2	6	0.006	(I) Mouse Blood ³⁵⁸	(I) Mouse PFC ³⁶⁰		
ADRBK1 adrenergic, beta, receptor kinase 1	(D) DE1	5	2.22E-05			(I) Mouse PFC ³⁶¹	
BRAF v-raf murine sarcoma viral oncogene homolog B	(I) DE1	5	6.07E-29				Vemurafe nib Dabrafeni b
CAMK2B calcium/calmod ulin-dependent protein kinase II beta	(I) DE1	5	0.00025			(D) Mouse striatum ³⁶²	
CNP 2',3'-cyclic nucleotide 3' phosphodiester ase	(D) AP1	5	0.0315	(I) Mouse Hippocampus ³ ₅₈		(I) Mouse AMY ³⁵⁶	
CTTN cortactin	(I) DE1	5	3.46E-18	(D) Mouse Blood ³⁵⁸		(D) Mouse VT ³⁵⁶	
G2E3 G2/M-phase specific E3 ubiquitin protein ligase	(D) AP1	5	0.0214	(I) Mouse Hippocampus ³ ₅₈			
GABARPL1 GABA(A) receptor- associated protein like 1	(I) DE1	5	3.48E-28	(D) Mouse Blood ³⁵⁸			
HELZ helicase with zinc finger	(I) DE1	5	3.56E-06	(D) Mouse Blood ³⁵⁸			
IL1B interleukin 1, beta	(I) DE1	5	0.0338	(D) Mouse Blood ³⁵⁸			canakinu mab gevokizu mab gallium nitrate
LHFP lipoma HMGIC fusion partner	(I) DE1	5	1.27E-06	(D) Mouse Blood ³⁵⁸			
LPAR1 lysophosphatidic acid receptor 1	(D) AP1	5	7.67E-06	(I) Mouse Hippocampus,		(I) Mouse AMY ³⁵⁶	

				Blood ³⁵⁸			
MBP myelin basic protein	(D) AP1	5	6.74E-10	(I) Mouse Blood ³⁵⁸	(I) Oligodendrocytes ³⁶³ Mouse Brain ³⁶⁰	(I) Mouse AMY and Blood ³⁵⁶	
MEF2C myocyte enhancer factor 2C	(D) DE1	5	3.47E-09			(I) Mouse Hippocampus and VT ³⁵⁶	
NDRG1 N-myc downstream regulated 1	(I) DE1	5	3.21E-22	(D) Mouse Blood ³⁵⁸			
OGFR opioid growth factor receptor	(D) DE1	5	0.00053				enkephalin methionine
PCDH9 protocadherin 9	(D) AP1	5	0.0215			(I) Mouse VT ³⁵⁶	
PHF20L1 PHD finger protein 20-like 1	(I) DE1	5	7.97E-05	(D) Mouse Blood ³⁵⁸		(D) Mouse Hippocampus ³⁵⁶	
PRKCB protein kinase C, beta	(D) DE1 AP1	5	3.15E-09		(I) Mouse PFC ³⁶⁰ AMY ³⁶⁴		
RBMX RNA binding motif protein, X-linked	(D) DE1	5	1.40E-13	(I) Mouse NAC, Blood ³⁵⁸			
RNASEL ribonuclease L (2',5'-oligoisoadenylate synthetase-dependent)	(D) AP1	5	6.05E-06	(I) Mouse Blood ³⁵⁸			
SNAP23 synaptosomal-associated protein, 23kDa	(D) AP1	5	0.00039			(I) Mouse Blood ³⁵⁶	
TM4SF1 transmembrane 4 L six family member 1	(I) DE1	5	6.12E-11	(D) Mouse Blood ³⁵⁸			
TSPAN33 tetraspanin 33	(D) AP1	5	0.00302	(I) Mouse Blood ³⁵⁸		(I) Mouse VT ³⁵⁶	
VMP1 vacuole membrane protein 1	(I) DE1	5	0.00291	(D) Mouse Blood ³⁵⁸			
ZFP36 ZFP36 ring finger	(I) DE1	5	8.72E-27	(D) Mouse	(D) Rat		

protein				Blood ³⁵⁸	Brain ³⁶⁵		
BTBD3 BTB (POZ) domain containing 3	(I) DE 4	4	NC	(D) Mouse AMY ³⁵⁸			
CADM1 cell adhesion molecule 1	(I) DE4	4	NC			(D) Mouse VT ³⁵⁶	
CTBS chitobiase, di-N- acetyl-	(I) DE 4	4	NC			(D) VT ³⁵⁶	
LAMB1 laminin, beta 1	(I) AP4	4	NC	(D) Mouse HIP ³⁵⁸			
PLEC plectin	(D) DE 4	4	NC			(I) Mouse VT ³⁵⁶	
RAD23A RAD23 homolog A (<i>S. cerevisiae</i>)	(D) DE 4	4	NC	(I) Mouse Blood ³⁵⁸			
SETD8 SET domain containing (lysine methyltransfера ^{se}) 8	(D) DE 4	4	NC	(I) Mouse Blood ³⁵⁸			
TXNRD2 thioredoxin reductase 2	(D) AP4	4	0.0425			(I) Mouse Blood ³⁵⁶	

Table S5 Biomarker discovery within each diagnostic group. Within-participant design. N=37 for all, N= 15 for BP, N=7 for MDD, N= 6 for SZA, and N=4 for SZ

	Top Biomarkers Discovered, Prioritized and Validated by Diagnosis				
Gene Symbol/ Affymetrix Probeset ID	Top Biomarkers All diagnoses	Top Biomarkers Bipolar disorder (BP)	Top Biomarkers Depression (MDD)	Top Biomarkers Schizoaffective disorder (SZA)	Top Biomarkers Schizophrenia (SZ)
Top Discovery AP Increased	DTNA 211493_x_at	DTNA 211493_x_at	PHF20 210500_at	USP48 232621_at	RP11-389C8.2 1556314_a_at
Top Discovery AP Decreased	KIF2C 211519_s_at	HS3ST3B1 1561908_a_at	EIF1B-AS1 1557212_at	NPRL3 210672_s_at	CYB561 210816_s_at
Top Discovery DE Increased	CADM1 237259_at	CADM1 237259_at	TLN1 232763_at	TSPYL1, 1560648_s_at	LOC100128288 1559045_at
Top Discovery DE Decreased	CLIP4 219944_at	Unknown 231262_at	NUCKS1 222027_at	TMSB15B, 1556964_s_at MCM8, 231827_at	CCDC163P 1559003_a_at
Top Prioritization AP Increased	SLC4A4 210739_x_at	KSR1 213769_at	DLK1 209560_s_at	IL6 205207_at	C1orf61 205103_at
Top Prioritization AP Decreased	SKA2 225686_at	CD44 216056_at	BBIP1 232910_at	TNS1 218863_s_at	SKA2 225686_at
Top Prioritization DE Increased	SAT1 210592_s_at	DAPP1 219290_x_at	BDNF 239367_at	TNF 207113_s_at	BDNF 206382_s_at
Top Prioritization DE Decreased	SKA2 225686_at	OPRM1 207989_at	SKA2 225686_at	S100B 1561521_at	HTR2A 211616_s_at
Top Validation AP Increased	IL6 205207_at	SPTBN1 215918_s_at	IL10 207433_at	JUN 201466_s_at	SLC5A3 1553313_s_at
Top Validation AP Decreased	MBP 225408_at	AKT1S1 224982_at	EIF1B-AS1 1557212_at	BATF2 228439_at	ATP6V0E1 236527_at
Top Validation DE Increased	JUN 201464_x_at	SAT1 213988_s_at	GATM 1566861_at	JUN 201464_x_at	JUN 201464_x_at
Top Validation DE Decreased	KLHDC3 214383_x_at	C20orf27 218081_at	PRPF40A 226687_at	ANXA11 228727_at	LOC100131662 236973_at

Table S6 Biological Pathways and Diseases. Suicidal ideation markers non-validated for behavior in completers (n=208) vs. suicidal ideation markers that were validated for behavior in completers (n=204).

A.		Ingenuity Pathways			KEGG Pathways			GeneGO Pathways		
		Top Canonical Pathways	P-Value	Ratio	Pathway Name	Enrichment Score	Enrichment p-value	Process Networks	Ratio	p-value
Non-Validated in Completers Stepwise (n=208 genes)	1	G-Protein Coupled Receptor Signaling	2.28E-08	5.7% 15/264	Pathogenic Escherichia coli infection	7.19808	0.000748	Cytoskeleton_ Regulation of cytoskeleton rearrangement	16/183	5.75E-07
	2	cAMP-mediated signaling	1.51E-07	5.8% 13/223	Amoebiasis	5.51218	0.004037	Development_ Neurogenesis_ Axonal guidance	17/230	2.65E-06
	3	CREB Signaling in Neurons	6.20E-06	5.6% 10/179	Dorso-ventral axis formation	4.7856	0.008349	Development_ Hedgehog signaling	17/254	1.01E-05
	4	Cardiac Hypertrophy Signaling	1.02E-05	4.7% 11/232	Melanogenesis	4.31121	0.013417	Reproduction_ Progesterone signaling	14/214	8.25E-05
	5	Synaptic Long Term Potentiation	2.26E-05	6.3% 8/127	Influenza A	4.23564	0.014471	Cardiac development_ Wnt_beta-catenin, Notch, VEGF, IP3 and integrin signaling	11/150	0.0001819
		Top Canonical Pathways	P-Value	Ratio	Pathway Name	Enrichment Score	Enrichment p-value	Process Networks	Ratio	p-value
Validated in Completers Stepwise (n=204 genes)	1	B Cell Receptor Signaling	1.01 E-08	7.2 % 13/181	Focal adhesion	10.5307	2.67E-05	Signal transduction_ WNT signaling	19/177	8.10E-10
	2	Ovarian Cancer Signaling	3.31 E-08	8.3 % 11/133	Colorectal cancer	10.3054	3.35E-05	Cell cycle_ G1-S Growth factor regulation	18/195	2.62E-08
	3	Glucocorticoid Receptor Signaling	3.97 E-08	5.3 % 15/281	GABAergic synapse	8.60276	0.000184	Reproduction_ Gonadotropin regulation	18/199	3.60E-08
	4	Colorectal Cancer Metastasis Signaling	4.00 E-08	5.8 % 14/241	mTOR signaling pathway	8.47678	0.000208	Reproduction_ GnRH signaling pathway	16/166	9.05E-08
	5	G12/13 Signaling	1.12 E-07	8.5 % 10/118	Chagas disease (American trypanosomiasis)	7.66796	0.000468	Neurophysiologic al process_ Transmission of nerve impulse	18/212	9.58E-08

B.	Ingenuity			GeneGO		
	Diseases and Disorders	P-Value	# Molecules	Diseases	pValue	Ratio
Non-Validated in Completers Stepwise (n=208 genes)	1 Neurological disease	5.43E-04 - 8.63E-13	78	Psychiatry and Psychology	1.6E-30	85/1919
	2 Psychological Disorders	1.77E-04 - 2.04E-12	62	Mental Disorders	2.82E-30	78/1614
	3 Skeletal and Muscular Disorders	1.98E-04 - 5.33E-10	60	Schizophrenia	3.6E-22	51/914
	4 Organismal Injury and Abnormalities	6.69E-04 - 1.81E-09	184	Schizophrenia and Disorders with Psychotic Features	4.37E-22	51/918
	5 Cancer	6.32E-04 - 2.59E-09	182	Central Nervous System Diseases	5.41E-22	94/3069
	Diseases and Disorders	P-Value	# Molecules	Diseases	pValue	Ratio
Validated in Completers Stepwise (n=204 genes)	1 Organismal Injury and Abnormalities	5.211E-04 - 1.23E-13	178	Psychiatry and Psychology	1.77E-23	76/1919
	2 Cancer	2.20E-04 - 5.41E-13	176	Mental Disorders	1.23E-21	67/1614
	3 Neurological Disease	1.31E-04 - 1.07E-12	81	Mood Disorders	4.02E-21	47/797
	4 Psychological Disorders	1.31E-04 - 1.07E-12	63	Depressive Disorder, Major	1.06E-18	37/546
	5 Tumor Morphology	1.87E-04 - 1.83E-12	38	Depressive Disorder	2.44E-18	37/560

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