**Genome-Wide DNA Methylation Profiles of Low- and High-Grade Adenoma Reveals Potential Biomarkers for Early Diagnosis of Colorectal Carcinoma**

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**Potential Competing Interests:**

**Data Access:** DNA methylation data and scripts are available upon request. Other data involved in this study included GSE68060, GSE68838, GSE77954, GSE77965, GSE81211, GSE101764, GSE107352, GSE75546, and E-MTAB-6450.

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**STUDY HIGHLIGHTS**

WHAT IS KNOWN

WHAT IS NEW HERE

## **Abstract**

**Objectives:** Abnormal DNA methylation is a hallmark of human cancers and may be a promising biomarker for early diagnosis of human cancers. However, the majority of DNA methylation biomarkers that have been identified are based on the hypothesis that early differential methylation regions (DMRs) are maintained throughout carcinogenesis and could be detected at all stages of cancer. In this study, we identified potential early biomarkers of colorectal cancer (CRC) development by DNA methylation sequencing of normal and pre-colorectal cancer samples including low-grade and high-grade adenoma (N=60).

**Methods:**

**Results:** We identified 209 and 8,692 CpG sites that were significantly hyper-methylated in low-grade adenoma (LGA) and high-grade adenoma (HGA), respectively. Pathway analysis identified nervous system-related methylation changes that are significantly associated with early adenoma development. Together with GEO and TCGA datasets (N=833), integration analysis revealed that DNA methylation in the promoter region of *ADHFE1* has the most potential for being an early diagnostic biomarker for colorectal adenoma and cancer (sensitivity=0.96, specificity=0.95, area under the curve=0.97).

**Conclusions:**

**Key words:**

DNA methylation, Adenoma, Colorectal cancer, biomarker

## **Abbreviations**

LGA: Low-grade adenoma

HGA: High-grade adenoma

LGA VS Normal: Comparison of low-grade adenoma with normal tissue

HGA VS Normal: Comparison of high-grade adenoma with normal tissue

LGA VS HGA: Comparison of high-grade adenoma with low-grade adenoma

DMR: Different methylation region

DMS: Different methylation site

ROC: Receiver operating characteristic

AUC: Area under the curve

IPA: Ingenuity Pathway Analysis

KEGG: Kyoto Encyclopedia of Genes and Genomes

GO: Gene Ontology

t-SNE: t-distributed stochastic neighbor embedding

PCA: Principal components analysis

mBV: Mean beta values

FDR:

SNP: Single nucleotide polymorphism

UTR3: 3′ untranslated region

CHR: Chromosome

## **Background**

Colorectal cancer (CRC) is the third leading cause of cancer-related deaths worldwide 1, 2. Current evidence indicates that genetic mutations and epigenetic alterations are progressively accumulated in the tumor genome during carcinogenesis, and these alterations may serve as primary biomarkers for early detection and treatment of cancer. Abnormal alterations in methylation status specifically hyper-methylation or hypo-methylation in the promoter regions of tumor suppressor genes and miRNA have been observed in almost all cancer types 3, 4. Over the past decades, DNA methylation has been widely studied to develop cancer biomarkers 5 and has been used as an indicator of disease progression such as hepatitis, cirrhosis, and HCC 6, 7. Moreover, recent evidence shows that cell-free DNA (cfDNA) methylation can be used for early cancer diagnosis and tissue-of-origin mapping for metastatic cancer 3.

Abnormal alterations of DNA methylation have been recognized as an important event in cancer development. Global hypo-methylation arises early in carcinogenesis and has been linked to chromosomal instability and loss of imprinting 8, 9. Generally during cancer development, hundreds of genes are [silenced or activated](https://en.wikipedia.org/wiki/Regulation_of_transcription_in_cancer#Transcription_silencing/activation_in_cancers) 10, 11, 12. Although silencing of some genes in cancers occurs by mutation, a large proportion of carcinogenic gene silencing is a result of altered DNA methylation. DNA methylation-based silencing in cancer typically occurs at multiple CpG sites in the [CpG islands](https://en.wikipedia.org/wiki/CpG_site" \l "CpG_island" \o "CpG site)  present in the promoters of protein-coding genes 13. On this background of whole genome hypo-methylation, gene-specific promoter hyper-methylation has been found to promote CRC by down-regulating the expression of key tumor suppressor genes such as *CDKN2A*, *MLH1*, and *CDH1* 14, 15, 16. Although extensive epigenetic alterations have been illustrated over the past years, CRC is still not well understood at the molecular level. CRC is a heterogeneous disease that typically starts from a [benign tumor](https://en.wikipedia.org/wiki/Adenoma) which is often in the form of an adenoma and becomes a malignant cancer over a period of 10 or more years 17. Early identification and resection of benign colorectal tumors at the colorectal adenoma (CA) stage provides an excellent opportunity to prevent CRC cancerization and increase patient survival. Colorectal adenoma is subdivided into two different pathologic subtypes based on likelihood of cancer progression specifically low-grade adenoma (LGA) and high-grade adenoma (HGA). Molecular alterations in LGA could serve as potential early diagnostic biomarkers for CRC development though to the best of our knowledge, no group has identified and compared the differences in whole-genome DNA methylation patterns between these two subtypes 18. A comprehensive understanding of the alterations in genome-wide DNA methylation profile for early stage pre-cancerous lesions (LGA and HGA) may provide an important resources for candidate biomarkers for early diagnosis of cancer.

In this study, we conducted a series of genome-wide DNA methylation array of 18 LGA and 22 HGA and compared the frequency, location, and pattern of methylation status to 20 normal tissue samples. Dynamic changes in DNA methylation patterns between LGA and HGA were identified, and we found that methylation changes appeared in LGA were increased or maintained inHGA and cancer. Enrichment analyses of differential methylation regions (DMRs) were performed to further classify potential DNA methylation that may influence functional differences in adenoma initiation and development. Moreover, we separated different methylation sites (DMSs) between LGA and normal into hyper-DMS and hypo-DMS and evaluated their respective performance for CA and CRC prediction. To validate our findings, we compared them to genome-wide DNA methylation profiles of 833 samples from public database. Finally, we describe the identification and analysis of f one functional methylation signature at the promotor region of *ADHFE1* as a potential biomarker for early CRC development.

## **Methods**

**Sample collection and pathological confirmation**

We collected 20 normal tissue specimens, 18 LGA specimens, and 22 HGA specimens from patients who underwent endoscopic treatment for CA removal or XX in the Department of Gastroenterology of Peking University Third hospital from March 2015 to June 2016. Tissue specimens were embedded in paraffin, sectioned, stained with hematoxylin and eosin, and confirmed by pathologist by light microscopy. Sample information and loading quantity are provided on **Table S1** The study protocol conformed to the ethical guidelines of the 1975 Declaration of Helsinki and was approved by the Ethics Committee of Peking University Third hospital (IRB number 206H005). Informed written consent was obtained from all patients and volunteers prior to the procedure.

**DNA isolation and bisulfite conversion**

DNA was isolated using QIAmp DNA Mini Kit (Qiagen, Hilden, Germany) according to manufacturer’s protocol. Bisulfite conversion was performed using the EZ DNA Methylation-Gold Kit according to the instruction manual (Zymo Research, Irvine, CA, USA).

**Methylation data processing**

Epigenome-wide DNA methylation assessment for this study was performed using the Illumina Infinium Human Methylation 450 BeadChip (Illumina, San Diego, CA, USA), which simultaneously profiles the methylation status for >485,000 CpG sites at single-nucleotide resolution and covers 96% of CpG islands with additional coverage of island shores (<2 Kb from CpG Islands), island shelves (2–4 Kb from CpG islands), and regions flanking them. The methylation status for each CpG site was calculated as the ratio of fluorescent signals (β = Max(M,0)/[Max(M,0) + Max(U,0) + 100]), ranging from 0 to 1 using the average probe intensity for the methylated (M) and unmethylated (U) alleles. β= 1 indicates complete methylation; β = 0 represents no methylation. The raw data from the array was processed using The GenomeStudio Methylation (version 1.8, Illumina) module which calculated methylation levels; normalization and background adjustments were performed automatically by the software using the XX command. Probes located on sex chromosomes or failed detection P value testing of at least one sample or SNP (single nucleotide polymorphism), were removed from analysis using R package IMA (vision 3.1.2)28. DMRs were defined as rank sum test following FDR adjusted P value<0.05 and |β|>0.15, and DMSs were defined as rank sum test following FDR adjusted P value<0.05 and |β|>0.20. Promoter regions were defined as 5′UTR, TSS200, TSS1500 and first exons.

**Public data collection and processing**

To ensure consistency of data processing, we only compared our samples with publically accessible samples with raw *idat* files. GSE68060, GSE68838, GSE77954, GSE77965, GSE81211, GSE101764, GSE107352 and GSE75546 were collected from GEO while E-MTAB-6450 was collected from ArrayExpress 29, 30, 31, 32, 33, 34 (**Table S2**). Some cell line samples and metastatic cancer samples were removed upon further study. In total, we collected 278 normal samples, 51 adenoma samples, and 504 cancer samples. All datasets using raw *idat* files were preprocessed using R package minfi (vision 1.28.4) 35. The sites which failed detection at P = 0.01 were rewrote by nearest neighbor average to ensure an adequate number of sites for analysis.

**Comparison of the ability of discrimination between normal, LGA, HGA, and CRC tissue**

For random forest prediction, we used R package randomForest (vision 4.6.14) with the number of trees set at 5,00036. For neural network prediction, we used R package nnet (vision 7.3.12) with number of units in the hidden layer as 2, weight decay as 10-4, and with a maximum number of iterations at 40037. The R package pROC (vision 1.14.0) was used for ROC analysis to compare the abilities of various models to distinguish between hyper- and hypo-methlyated sites by the area under the curve (AUC) analyis38.

**t-SNE analysis, PCA analysis and Gene Enrichment analysis**

tSNE analysis was performed by R package tsne (vision 0.1-3)39. PCA was performed by R function princomp and visualized by first two principal components. KEGG and GO enrichment were analyzed online by DAVID 6.8 (<https://david.ncifcrf.gov>)40, 41. Ingenuity Pathway Analysis (IPA) was also used for enrichment analysis for more elaborate results with the P value cutoff set at 0.0542.

## **Results**

#### Landscape of DNA methylation of pre-cancerous benign lesions

We profiled DNA methylation at the single-base level for 18 LGA, 22 HGA, and 20 normal tissues. We found significant genome-wide DNA methylation differences among normal, low-, and high-grade adenoma (**Figure 1A** and **1B**). Compared to normal tissue, LGA had genome wide hypo-methylation (P = 5.2x10-5, rank sum test) which was even lower in HGA (P = 3.7x10-6, compared with normal, rank sum test, **Figure 1C**). Methylation levels of all target sites in the array demonstrated the known bimodal distribution in normal, LGA, and HGA (**Figure 1D**), and the amount of fully methylated sites of lesions decreased with increasing degree of malignancy (right peak, **Figure 1D**; **Figure 1E**). Almost all DMSs in LGA compared to normal tissues kept at least an equivalent methylation level if not higher than in HGA and cancer. The 209 significantly hyper-methylated sites in LGA were further hyper-methylated in 22 HGA compared to 504 cancer samples collected from public databases (**Figure 1F**), and hypo-DMSs had a diametric tendency (**Figure S1**) suggesting that DNA demethylation may occur very early in precancerous lesions. Over 60% of DMRs that were observed in both LGA (71.4%, 314/440) and HGA (61.9%, 4,213/6,805) were hypo-methylated compared to normal tissues (**Figure 1G, Table S1-2**). However, with LGA as the reference, most DMRs observed in HGA were hyper-methylated (76.0%, 660/868) (**Figure 1G, Table S3**). In addition, there were limited overlaps between genes with DMRs in LGA compared to normal tissues and those compared to HGA hinting at a different epigenetic process between LGA and HGA (**Figure 1H**)19.

#### Nervous system processes were associated with adenoma development

KEGG enrichment analysis of 603 DMRs between HGA and LGA indicated that the top enriched functional terms were nervous system and signal transduction associated (**Figure 2A**) specifically dopaminergic synapse and serotonergic synapse pathways, which play a role in the gut-brain axis model of signaling cross-talk between organ systems 20. These results correspond to gene methylation findings in **Figure 1G** where HGA versus (vs) normal includes almost all genes that are listed in LGA vs Normal and LGA versus HGA DMRs. To figure out the potential function changes from LGA to HGA, Gene Ontology (GO) enrichment was performed for 275 genes that were significantly different in methylation status between LGA vs normal and HGA vs normal without considering the differences in methylation status between LGA vs HGA. 571 significantly different methylated genes were highlighted in LGA vs HGA and HGA vs normal without LGA VS Normal (**Figure 2B**). For the 275 genes with significantly different methylation patterns in only the LGA vs normal and HGA vs normal comparisons, GO analysis selected the top enriched terms of proteolysis as well as extracellular matrix disassembly, inorganic anion transport, and cobalamin metabolic processes. Cell adhesion, positive regulation of positive chemotaxis, and neuropeptide signaling pathway were term hits on the overlapping part between LGA vs normal and LGA vs HGA. Genes that were significantly different in methylation status between LGA and HGA were enriched for chemical synaptic transmission, transmission of nerve impulse, calcium ion transmembrane transport, and similar neural processing terms. Like the DMR enrichment analysis, terms related to the nervous system were selected yet exhibited different term patterns between LGA vs HGA compared to LGA vs normal.

**Hyper-methylated CpG sites exhibited better discriminatory performance between normal, pre-cancerous, and cancerous tissues than the hypo-methylated pattern for CRC**

To distinguish the discriminatory ability of DNA methylation patterns for normal tissue, CA, and CRC, we collected 833 genome-wide DNA methylation datasets from GEO and ArrayExpress, public datasets which included 278 normal tissue samples, 51 adenoma samples, and 504 cancer samples. We separated DMSs into two groups including hyper-DMSs and hypo-DMSs. We found both hyper-DMSs and hypo-DMSs could effectively distinguish methylation pattern differences between disease (adenoma and cancer) and normal samples (**Figure 3A** and **Figure 3B**). Meanwhile, we also conducted two machine learning-based predictions with the DMSs identified in our dataset and observed that hyper-methylated sites can better distinguish between normal samples and disease samples via random forest and neural network methods (**Table 1**). For hyper-methylated sites, the area under the curve (AUC) of receiver operating characteristic (ROC) curves were 0.91 and 0.85, respectively. For hypo-methylated sites, AUC of ROC curves were lower at 0.72 and 0.76, respectively (**Figure 3C** and **Figure 3D**). Unsupervised tSNE cluster analysis produced the same result (**Figure 3E** and **Figure 3F**). To avoid inconsistent results caused by unstable methylation based on single CpG sites, we compared the mean beta value (mBV) of these sites. We found that hyper-methylated mBVs were significantly different between normal tissue and CRC(P<2.2x10-16); however, there was no significant difference between the adenoma and cancer (P= 0.29, **Figure 3G**) in which the average mBV of the normal tissue, adenoma, and cancer are 0.22, 0.54, and 0.57, respectively. We observed similar results for hypo-methylation sites in which the average mBV of the normal tissue, adenoma, and cancer were 0.70, 0.44, and 0.50, respectively (**Figure 3G**). Finally, we found the AUC of ROC curves with hyper-mBV and hypo-mBV were 0.98 and 0.95, respectively. Permutation analysis based on a bootstrap strategy indicated that the model based on hyper-methylated sites had better discriminatory power than the model of hypo-methylated sites (P<2.2x10-8, **Figure 3H**).

#### The promoter of ADHFE1 may be a potential biomarker for colorectal adenoma and cancer

Next, we grouped the DMRs of normal tissue and LGA into hyper- and hypo-DMRs and performed enrichment analysis by Ingenuity Pathway Analysis (IPA). The top enriched functional term for hyper DMRs was ethanol degradation II (P=5.4x10-3) which was mostly contributed by methylation sites on two genes, *ADHFE1* and *ACSS3*, which can facilitate the conversion from ethanol to acetaldehyde and from acetic acid to acetyl-CoA, respectively (**Figure 4A**). The expression of both genes were down-regulated ing colonic and rectal cancer tissue compared with normal tissue (P<0.01), a result consistent with the DNA methylation changes between LGA and HGA (R2=-0.49 and -0.59, **Figure 4B** and **Figure 4C**). We found that the average methylation level of CpG sites located in CpG islands within the promoter regions of *ADHFE1* and *ACSS3* were significantly increased in cancer samples compared to normal samples (mBVs=0.2 and 0.18, respectively). We further analyzed the promoter region within the CpG island of the two genes to distinguish between normal and disease tissues . When setting the cutoff at 0.25 for the *ADHFE1* promoter, the minimal error rate was only 4.68% (39/833, **Figure 4D**); the heatmap of sites within the region reflected the same result (**Figure 4E**). ROC curve analysis of mBV of the *ADHFE1* promoter compared to the mBV for all 833 samples produced an AUC of 0.97 with specificity and sensitivity at 0.95 and 0.96 (**Figure 4F**). For cancer samples, an AUC as high as 0.98 was determined (**Figure S2**). For *ACSS3*, the minimal error rate of its promoter was 16.68% (139/833) with a cutoff set at 0.42 (**Figure 4G**) which performed inferiorly to *ADHFE1* in terms of discrimination power. Meanwhile, we also compared *ADHFE1* with *SEPT9*, an FDA-approved methylation-based biomarker for CRC screening. We determined that *ADHFE1* had a better prediction power than *SEPT9* (**Figure 4H**) 21. Furthermore, we observed *ADHFE1* to have a much better separation boundary compared to *SEPT9* (**Figure 4I**).

## **Discussion**

Whole-genome DNA hypomethylation and hypermethylation analysis of the promoter regions of cancer-related genes are regarded as a common method of characterizing diverse cancers. In our study, we found that whole-genome DNA hypomethylation may start at the benign adenoma stage (LGA) and lead to further hypomethylation at HGA and CRC (**Figure 1C**). As many previous studies have reported, a bimodal distribution can characterize DNA methylation pattern, and we noted that a hypermethylated peak can clearly reflect progressive hypomethylation (**Figure 1D** and **Figure 1E**)22. We identified 440 and 6,805 DMRs in low- and hyper-grade adenoma respectively, and of these DMRs, 314(71.4%) in LGAand 4,213 (61.9%) in HGA were hypomethylated compared to normal tissues. On the contrary, most DMRs (660/868, 76.0%) differences between HGA and LGAwere hypermethylated. Aside from a little overlap between HGA genes, significantly distinct DMRs were located between LGA vs normal and LGA vs HGA which indicates that LGA vs Normal and LGA vs HGA are possibly not the same process with a degree difference but two different epigenetic processes. These genome-wide demethylation patterns may indicate that though hypo-methylation dominates the carcinogenesis of CRC, hyper-methylation sites may contribute more to the distinct malignancy of these lesions.

To find functional differences between differing methylation patterns in normal, pre-cancerous, and cancerous tissues, enrichment analysis was appliedto 603 genes with DMRs between HGA andLGA which determined that the most enriched terms were related to nervous system and signal transduction (**Figure 2A**). The term gut–brain-axis describes an integrative physiology concept that incorporates all, including afferent and efferent neural, endocrine, nutrient, and immunological signals, cross-talk between the central nervous system and the gastrointestinal system that may be dysregulated during carcinogenesis 20. Our KEGG enrichment analysis further highlighted the significance of dopaminergic synapse and serotonergic synapse to CRC development. Serotonin (5-hydroxytryptamine, 5-HT) is popularized as a contributor to feelings of well-being and happiness though its actual biological function is complex and multifaceted with roles in modulating cognition, reward, learning, memory, and numerous physiological processes23. Brain 5-HT gets much more respect, and certainly more press and research, than the vastly larger store of 5-HT in the gut though both are important for physiological functions 24. Dopamine (3,4-dihydroxyphenethylamine, DA) is an organic chemical of the catecholamine and phenethylamine families that functions both as a hormone and a neurotransmitter and plays several important roles in the brain and body.25 In the brain, dopamine functions as a neurotransmitterto send signals to other nerve cells.25 Outside the central nervous system, dopamine functions primarily as a local paracrine messenger25 to reduce gastrointestinal motility and protect the intestinal mucosa.25 Our study suggests that the gut–brain-axis and related molecules may be important contributors to the development and progression of CRC even at the benign adenoma stage.

DNA methylation has always been considered as a potential biomarker for many diseases due to its tissue specificity and stability. Here, we analyzed DNA methylation patterns as a mechanism to distinguish disease samples (including adenoma and cancer) from normal samples during CRC development. We identified 209 hyper-methylated sites and 441 hypo-methylated sites between LGA and normal samples and noted that both hyper- and hypo-methylated sites could effectively distinguish between normal and CRC tissues. Further validation with random forest and neural network analyses confirmed our observations. Specifically, AUCs of ROC curves for our prediction model using hyper-methylated sites were larger than those using hypo-methylated sites, despite the observation that hypo-methylated sites were more than twice the number of hyper-methylated ones. Since tumors are known to have whole-genome hypo-methylation, we speculate that gene hyper-methylation at several key sites and/or global hypo-methylation during early CA may be the driver events for CRC. To reduce bias caused by unstable methylation on single CpG sites, we compared mBV of these sites among tissue groups. We found that hyper-methylated mBVs were significantly different between normal tissue and cancers (P<2.2x10-16), while no significance was found between the adenoma and CRC (P= 0.288, **Figure 3G**). Permutation analysis based on bootstrap strategy suggest that the model based on hyper-methylated sites has better discrimination power than the model of hypo-methylated sites (P<2.2x10-8, **Figure 3H**) which may lend support to the theory that hyper-methylation at several key sites may trigger widespread hypo-methylation throughout the genome during cancer development.

Colorectal adenoma is considered the middle stage between normal status and cancer; therefore, our Our study focused on identifying and comparing the differences in DNA methylation patterns among normal, pre-cancerous, and cancerous colorectal tissues. IPA enrichment analysis of hyper-DMRs identified in very early stage cancers selected Ethanol degradation II as the top term for functional impact, and further GO and KEGG enrichment analyses indicated that *ADHFE1* and *ACSS3* genes also played a prominent role in CRC carcinogenesis. Intense early changes in DNA methylation patterns at the promotor region of these genes supports their potential use as adenoma biomarker. It is known that *ADHFE1* encodes for hydroxyacid-oxoacid transhydrogenase which is responsible for the oxidation of 4-hydroxybutyrate in mammalian tissues.26 Some studies have also reported that the gene is associated with cell proliferation and differentiation26. In CRC tissue, *ADHFE1* is hyper-methylated in the promoter region corresponding to adown-regulation of expression that may facilitate tumor growth 27. Our results suggest that the methylation level of the *ADHFE1* promoter is a potential biomarker for distinguishing adenoma from normal tissue in either traditional biopsy or liquid biopsy. Further efforts with a larger, more diverse sample population is needed to validate the predictive efficacy of this biomarker for CRC.

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## **Figure Legends**

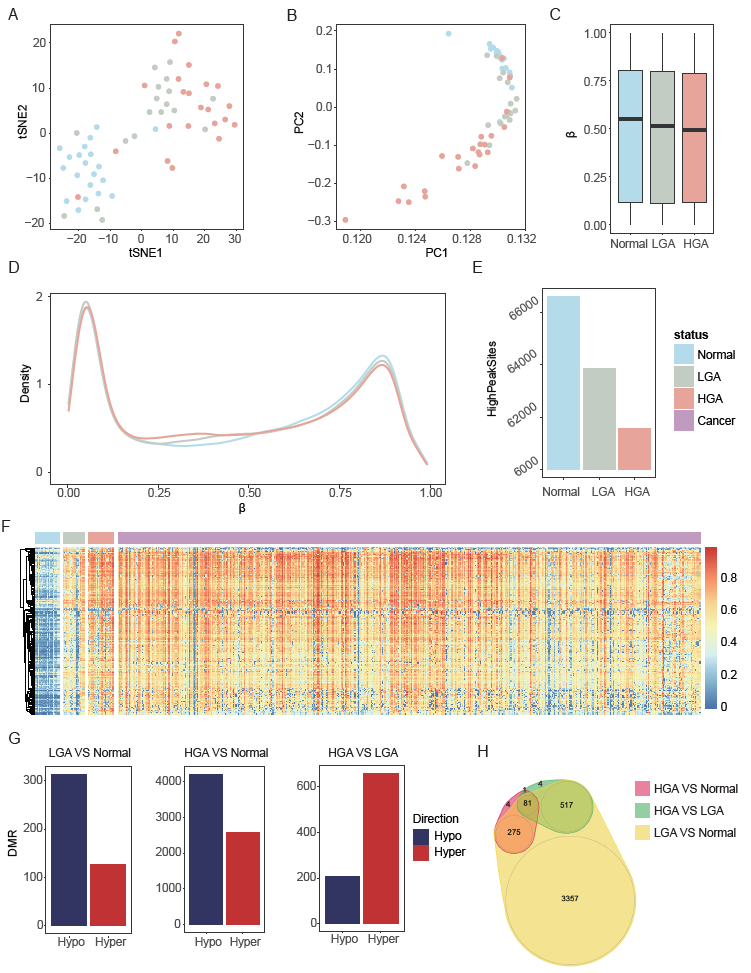


Figure 1. Genome-wide DNA methylation of low-grade adenoma (LGA), high-grade colorectal adenoma (HGA) and normal colorectal tissue. (A): tSNE analysis highlights the data structure and sample relationship among the sample groups. (B): PCA analysis confirms the data structure and sample relationship of the tSNE analysis. (C): Average methylation levels of Normal (N), LGA, and HGA samples. (D): Density plot reveals the distribution of the whole array probes for N, LGA, and HGA samples. (E): Number of sites in β ranging from 0.7 to 0.9. (F): Heatmap of the 209 hyper-methylated DMSs of in-house datasets and samples from 504 public cancer datasets. (G): DMR between LGA and normal tissues, HGA and normal tissue, and HGA and LGA. (H): Venn graph highlights the relationships among allDMRs.

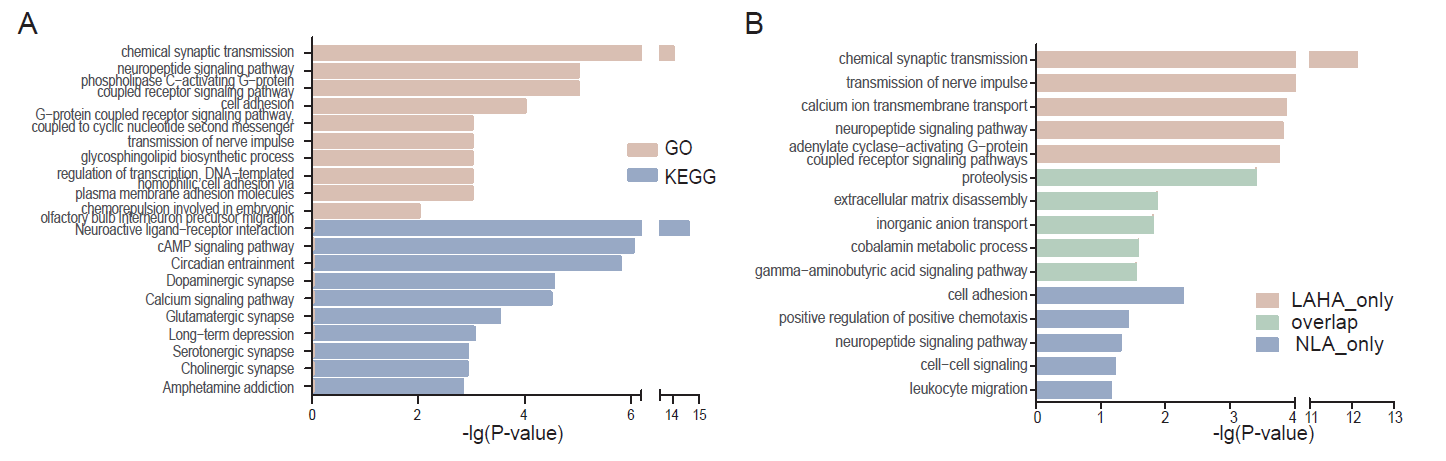


Figure 2. Enrichment analysis shows the top 15-20 terms associated with methylation differences between LGA and HGA. (A) GO and KEGG analysis of the genes with DMRs associated with LGA and HGA. (B) GO analysis of the genes with alterations in DMRs including differences in DMRs only in LGA vs HGA, only in LGA vs Normal, and areas where LGA vs HGA and LGA vs Normal overlapped.

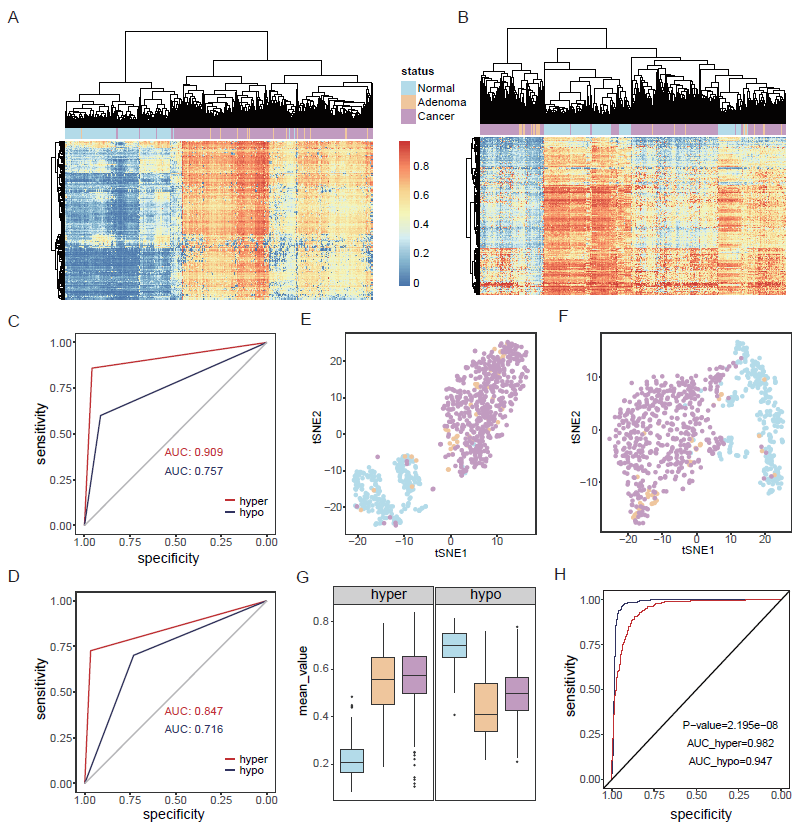


Figure 3. Hyper-methylated CpG sites showed better diagnostic performance than the hypo-methylated pattern. (A): Cluster analysis based on hyper-DMSs among normal, adenoma and cancer samples. (B): Cluster analysis based on hypo-DMSs among normal, adenoma and cancer samples. (C): Random forest prediction performance based on hyper and hypo-DMSs. (D): Neural network prediction performance based on hyper and hypo-DMSs. (E): tSNE analysis highlights the data structure and sample relationship based on hyper-DMSs. (F): tSNE analysis highlights the data structure and sample relationship based on hypo-DMSs. (G): Average methylation level of hyper and hypo-DMSs (H): ROC curve of hyper-mBV and hypo-mBV.

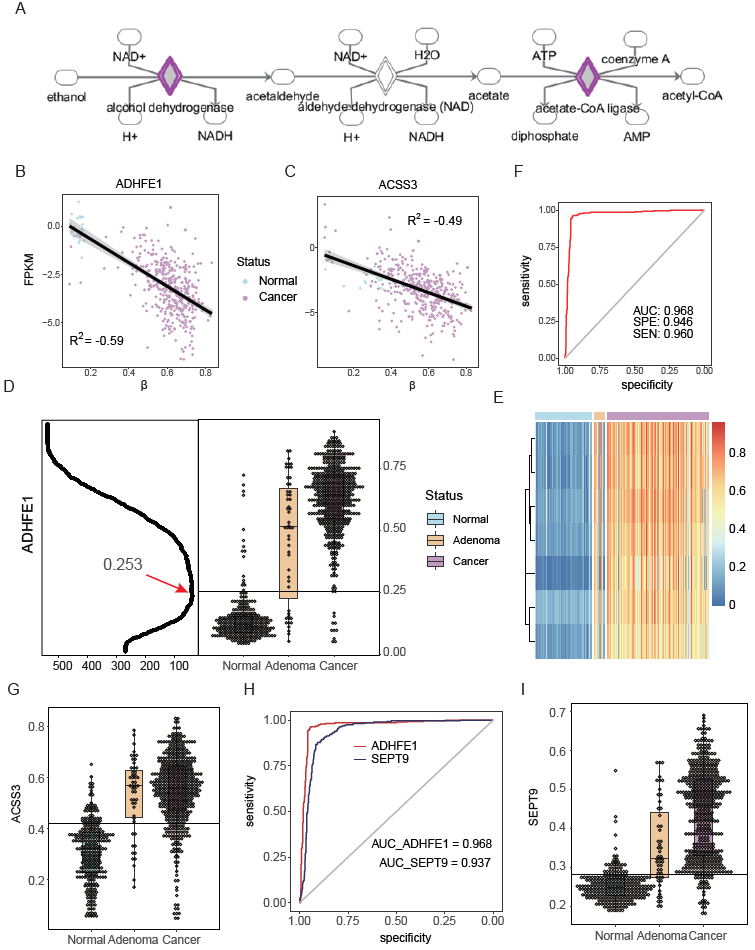


Figure 4. DNA methylation *ADHFE1* and *ACSS3* in Normal, LGA, and HGA. (A): Pathway of ethanol degradation II. (B): Relationship between DNA methylation and gene expression of *ADHFE1*. (C): Relationship between DNA methylation and gene expression of *ACSS3*. (D): Left panel is identification of cutoff where theX axis is sample number of classification error; Right panel is DNA methylation of *ADHFE1* in normal, adenoma, and cancer samples. (E): Heatmap of sites within *ADHFE1* promoter in normal, adenoma and cancer samples. (F): ROC of the prediction of *ADHFE1* for colorectal adenoma and cancer. (G): DNA methylation of *ACSS3* in normal, adenoma, and cancer samples. (H): ROC comparison of *ADHFE1* and *SEPT9*. (I): DNA methylation of *SEPT9* in normal, adenoma, and cancer samples.

Table 1. Prediction performance based on hyper-DMS and hypo-MDS to distinguish between disease and normal colorectal tissues.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Model | Methylation | Observation | Prediction | | Sensitivity | Specificity |
| Disease | Normal |
| Random Forest | hyper | Disease | 532 | 23 | 0.959 | 0.860 |
| Normal | 39 | 239 |
| hypo | Disease | 507 | 48 | 0.914 | 0.601 |
| Normal | 111 | 167 |
| Neural Network | hyper | Disease | 537 | 18 | 0.968 | 0.727 |
| Normal | 76 | 202 |
| hypo | Disease | 406 | 149 | 0.732 | 0.701 |
| Normal | 83 | 195 |