

1 Figure Testing for: Transcripts with high distal heritability mediate
2 genetic effects on complex metabolic traits
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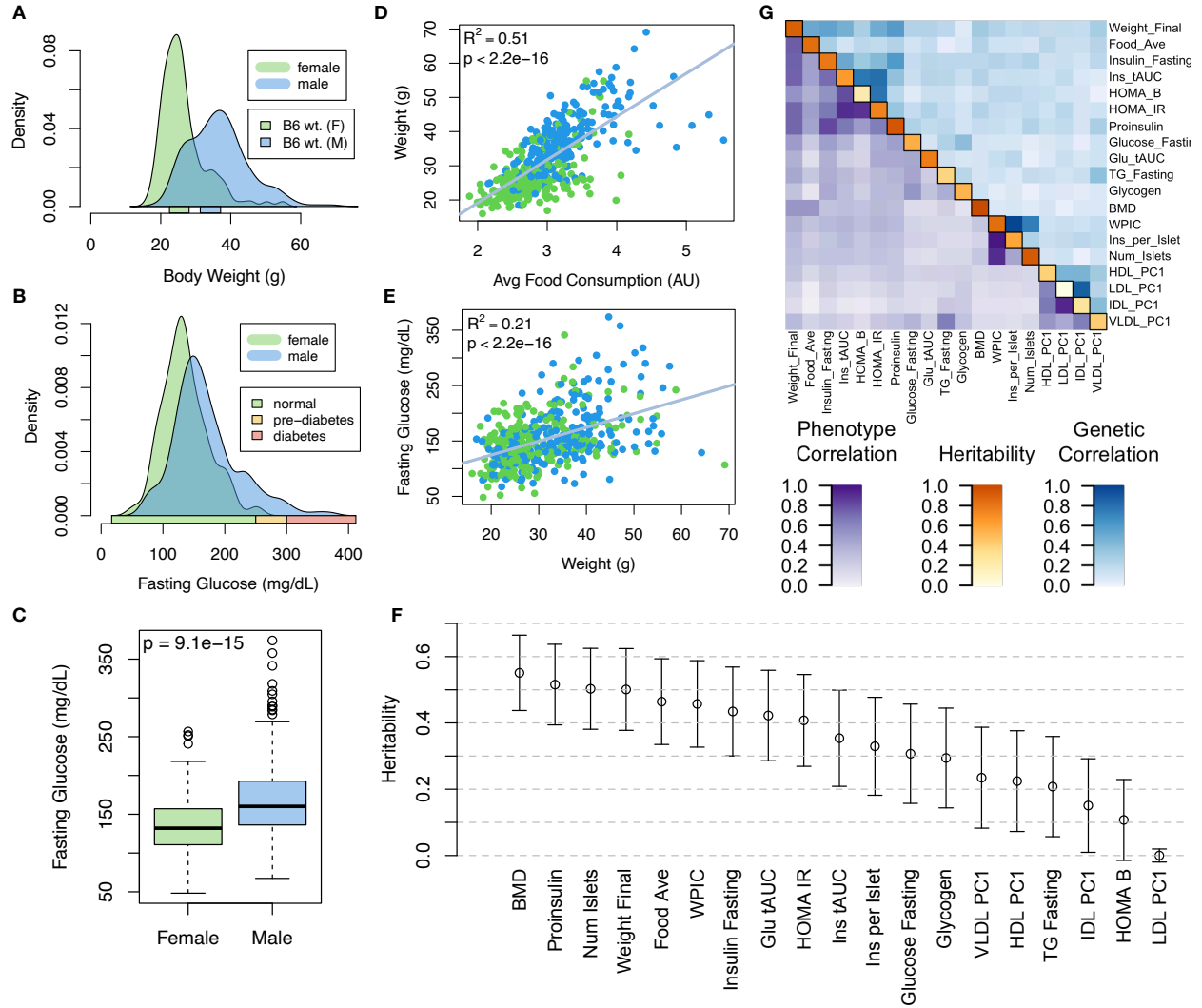


Figure 1: Clinical overview. **A.** Distributions of final body weight in the diversity outbred mice. Sex is indicated by color. The average B6 male and female adult weights at 24 weeks of age are indicated by blue and green bars on the x-axis. **B.** The distribution of final fasting glucose across the population split by sex. Normal, pre-diabetic, and diabetic fasting glucose levels for mice are shown by colored bars along the x-axis. **C.** Males had higher fasting blood glucose on average than females ($p = 9.1 \times 10^{-15}$). **D.** The relationship between food consumption and body weight for both sexes. **E.** Relationship between body weight and fasting glucose for both sexes. **F.** Heritability estimates for each physiological trait. Bars show standard error of the estimate. **G.** Correlation structure between pairs of physiological traits. The lower triangle shows Pearson correlation coefficients between pairs of traits (r). The upper triangle shows the Pearson correlation coefficient (r) between LOD traces of pairs of traits, and diagonal shows the estimated heritability of each trait. BMD - bone mineral density, WPIC - whole pancreas insulin content, Glu tAUC - glucose total area under the curve, HOMA IR - homeostatic measurement of insulin resistance, HOMA B - homeostatic measure of beta cell health, VLDL - very low-density lipoprotein, LDL - low-density lipoprotein, IDL - intermediate density lipoprotein, HDL - high-density lipoprotein, TG - triglyceride.

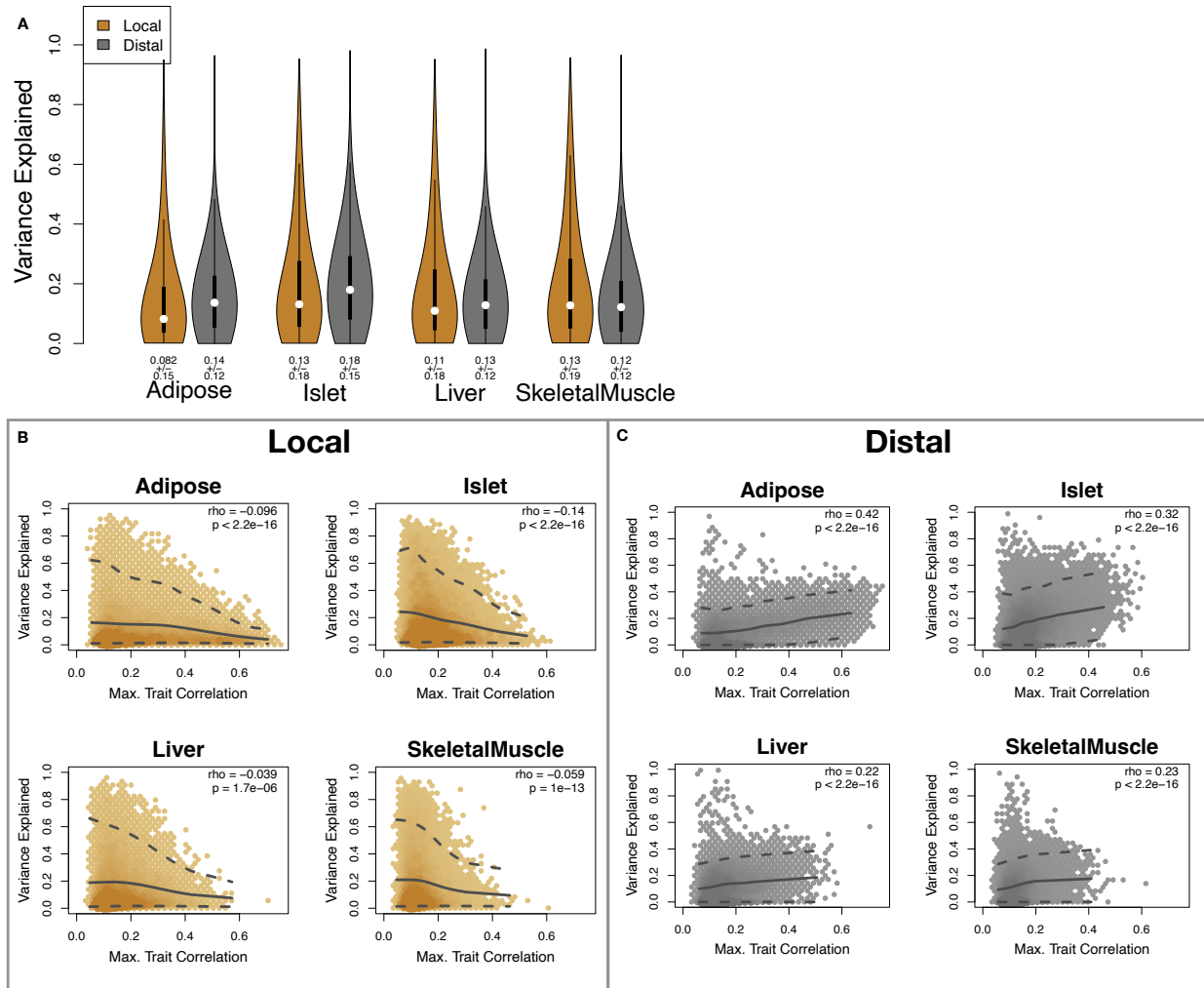


Figure 2: Transcript heritability and trait relevance. **A.** Distributions of local and distal heritability of transcripts across the four tissues. Overall local and distal factors contributed equally to transcript heritability. The relationship between **(B.)** local and **(C.)** distal heritability and trait relevance across all four tissues. Here trait relevance is defined as the maximum correlation between the transcript and all traits. The upper and lower dashed line in each panel show the 95th and 5th percentile correlation. The solid line shows the mean trait correlation in transcripts with increasing variance explained either locally (B) or distally (C). Transcripts that are highly correlated with traits tended to have low local heritability and high distal heritability.

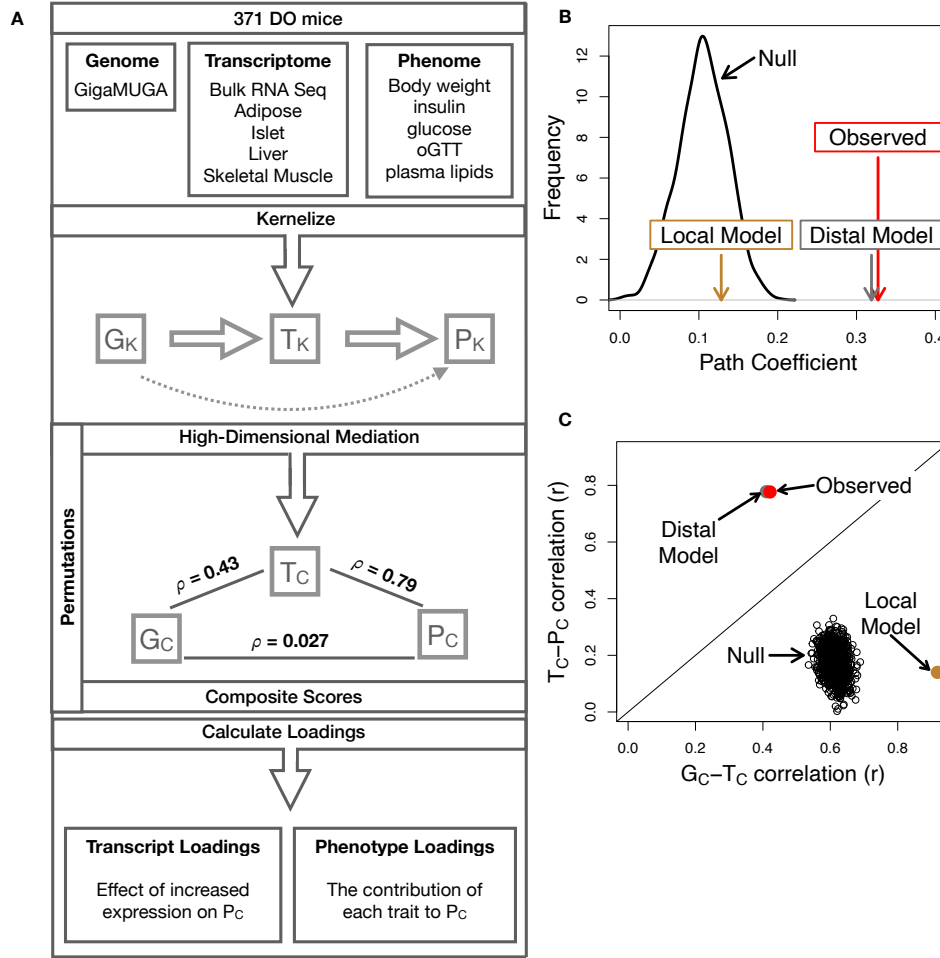


Figure 3: High-dimensional mediation. **A.** Workflow indicating major steps of high-dimensional mediation. The genotype, transcriptome, and phenotype matrices were kernelized to yield single matrices representing the relationships between all individuals for each data modality (G_K = genome kernel, T_K = transcriptome kernel; P_K = phenome kernel). High-dimensional mediation was applied to these matrices to maximize the direct path $G \rightarrow T \rightarrow P$, the mediating pathway (arrows), while simultaneously minimizing the direct $G \rightarrow P$ pathway (dotted line). The composite vectors that resulted from high-dimensional mediation were G_C , T_C , and P_C . The partial correlations ρ between these vectors indicated perfect mediation. Transcript and trait loadings were calculated as described in the methods. **B.** The null distribution of the path coefficient derived from 10,000 permutations. The observed model (red) is compared to models derived from exclusively distal (gray) or local genetic effects (brown). The similarity of the observed and distal models indicates the full model is dominated by distal genetic effects. **C.** The null distribution of the $G_C - T_C$ correlation vs. the $T_C - P_C$ correlation. Comparisons are shown to the observed values (red), and those derived from the distal-only model (gray) and the local-only model (brown).

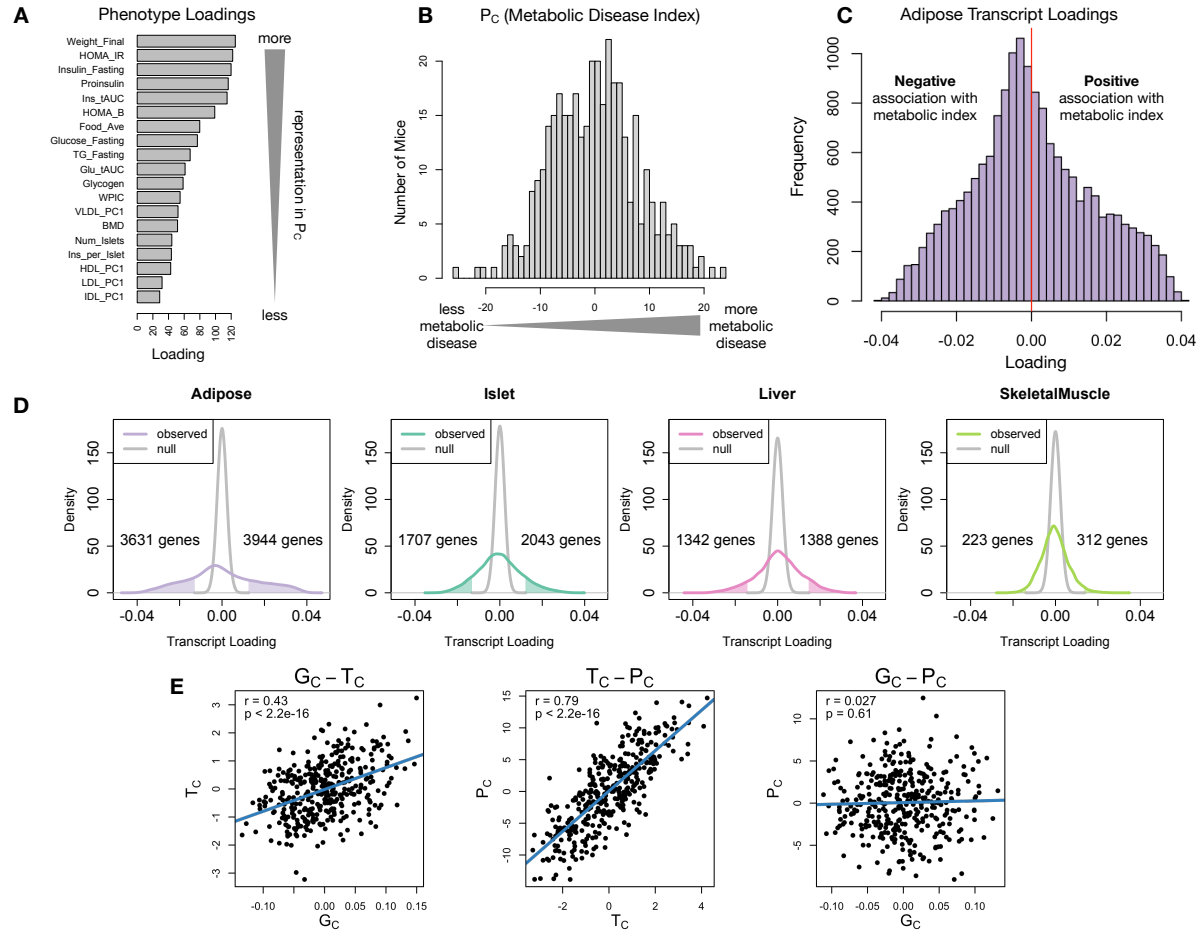


Figure 4: Interpretation of loadings. **A.** Loadings across traits. Body weight and insulin resistance contributed the most to the composite trait. **B.** Phenotype scores across individuals. Individuals with large positive phenotype scores had higher body weight and insulin resistance than average. Individuals with large negative phenotype scores had lower body weight and insulin resistance than average. **C.** Distribution of transcript loadings in adipose tissue. For transcripts with large positive loadings, higher expression was associated with higher phenotype scores. For transcripts with large negative loadings, higher expression was associated with lower phenotype scores. **D.** Distributions of loadings across tissues compared to null distributions. Shaded areas represent loadings that were more extreme than the null distribution. Numbers indicate how many transcripts had loadings above and below the extremes of the null. Transcripts in adipose tissue had the most extreme loadings indicating that transcripts in adipose tissue were the best mediators of the genetic effects on body weight and insulin resistance. **E.** Scatter plots showing correlations between composite vectors for the genome (G_C), the transcriptome (T_C), and the phenome (P_C). The $G_C - T_C$ correlation is high, the $T_C - P_C$ correlation is high, and there is no significant correlation between G_C and P_C . This correlation structure is consistent with perfect mediation.

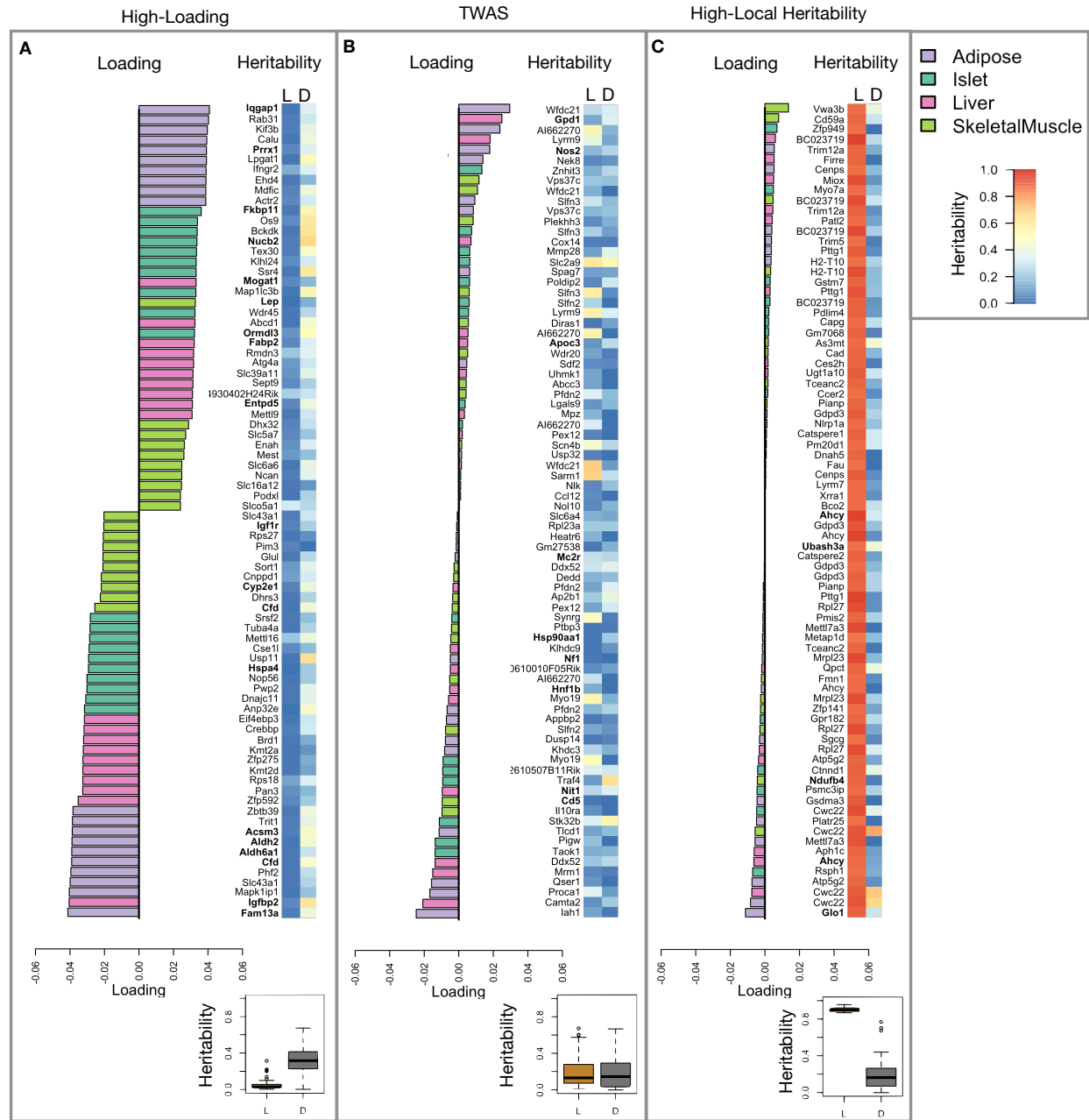


Figure 5: Transcripts with high loadings have high distal heritability and literature support (bolded gene names). Each panel has a bar plot showing the loadings of transcripts selected by different criteria. Bar color indicates the tissue of origin. The heat map shows the local (L - left) and distal (D - right) heritability of each transcript. **A.** Loadings for the 10 transcripts with the largest positive loadings and the 10 transcripts with the largest negative loadings for each tissue. Distal heritability was significantly higher than local heritability (t-test $p < 2.2 \times 10^{-16}$). **B.** Loadings of TWAS candidates with the 10 largest positive correlations with traits and the largest negative correlations with traits across all four tissues. Local and distal heritability were not significantly different for this group (t-test $p = 0.77$). **C.** The transcripts with the largest local heritability (top 20) across all four tissues. Local heritability was significantly higher than distal heritability of these genes (t-test $p < 2.2 \times 10^{-16}$).

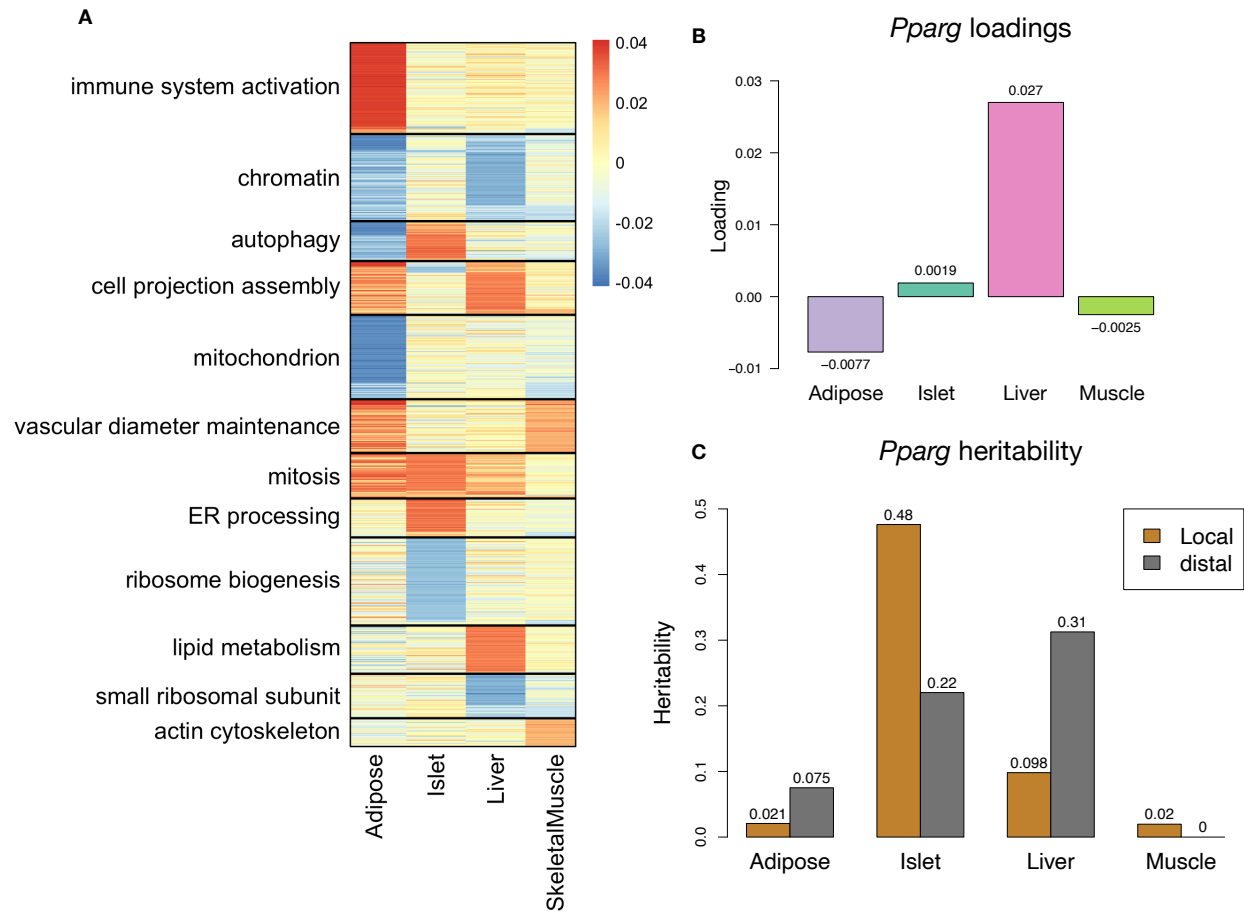


Figure 6: Tissue-specific transcriptional programs were associated with obesity and insulin resistance. **A** Heat map showing the loadings of all transcripts with loadings greater than 2.5 standard deviations from the mean in any tissue. The heat map was clustered using k medoid clustering. Functional enrichments of each cluster are indicated along the left margin. **B** Loadings for *Pparg* in different tissues. **C** Local and distal of *Pparg* expression in different tissues.

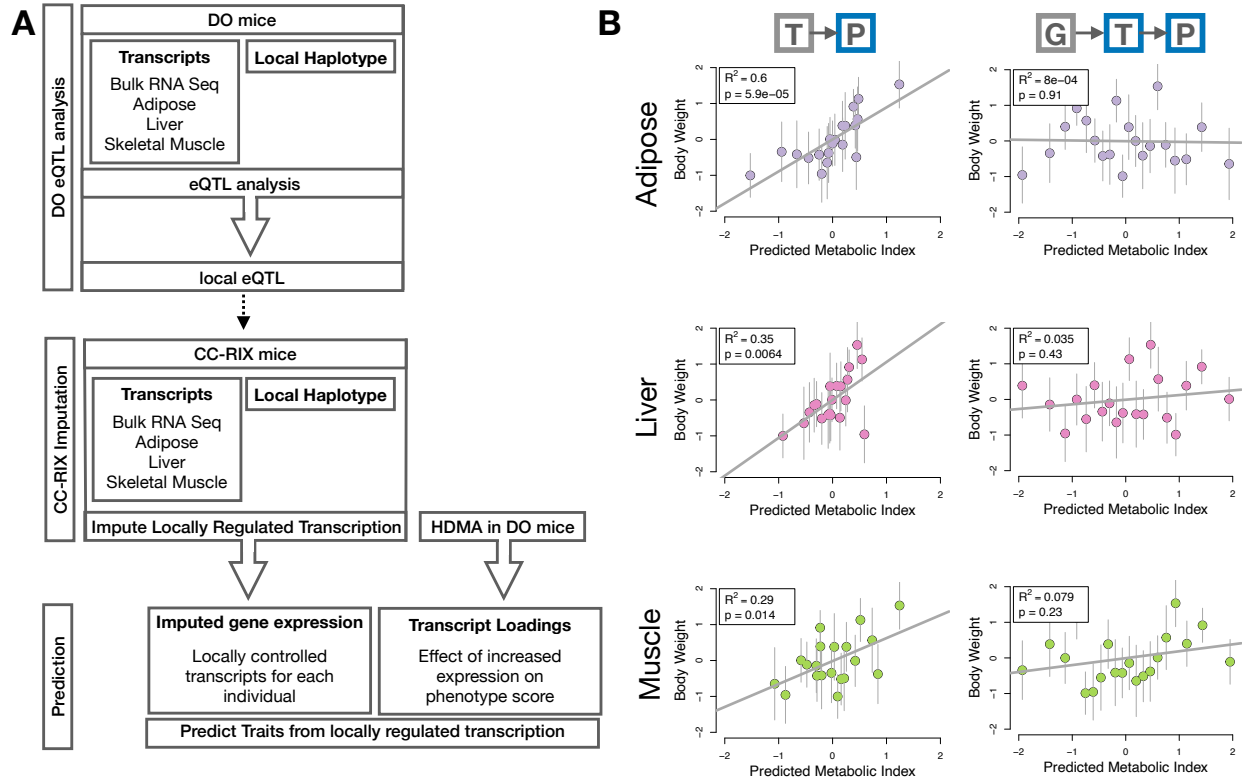


Figure 7: Transcription, but not local genotype, predicts phenotype in the CC-RIX. **A.** Workflow showing procedure for translating HDMA results to an independent population of mice. **B.** Relationships between the predicted metabolic disease index (MDI) and measured body weight in the CC-RIX. The left column shows the predictions using measured transcripts. The right column shows the prediction using transcript levels imputed from local genotype. Gray boxes indicate measured quantities, and blue boxes indicate calculated quantities. The dots in each panel represent individual CC-RIX strains. The gray lines show the standard deviation on body weight for the strain.

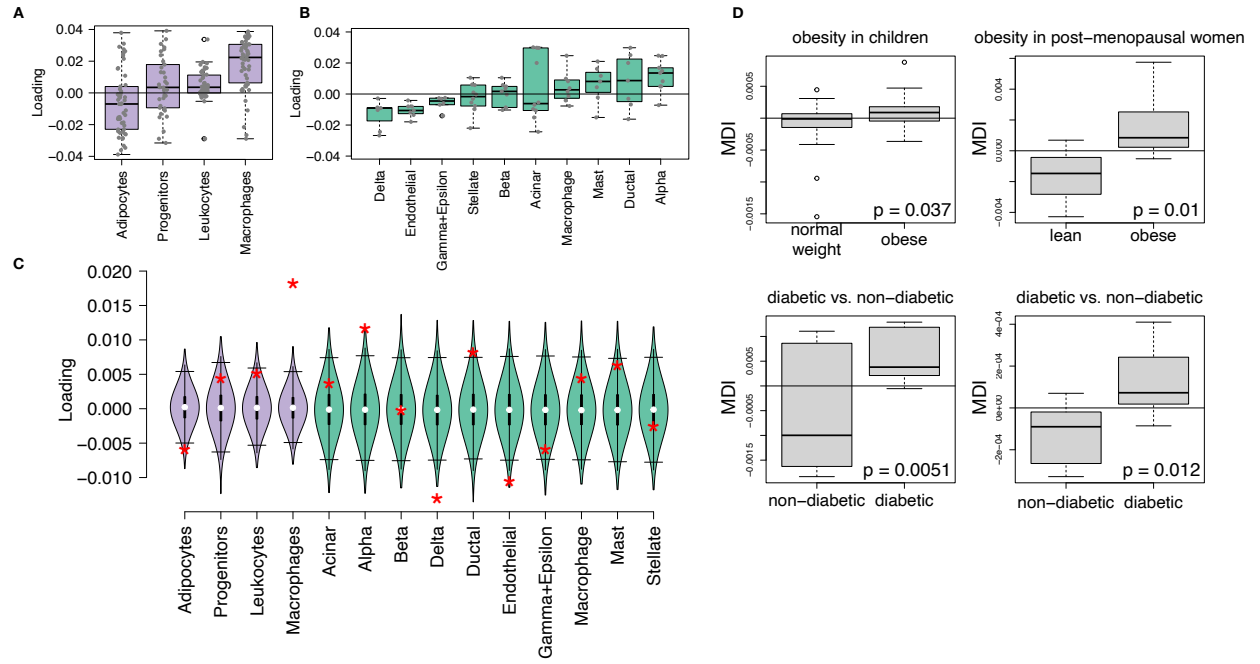


Figure 8: HDMA results translate to humans. **A**. Distribution of loadings for cell-type-specific transcripts in adipose tissue. **B**. Distribution of loadings for cell-type-specific transcripts in pancreatic islets. **C**. Null distributions for the mean loading of randomly selected transcripts in each cell type compared with the observed mean loading of each group of transcripts (red asterisk). **D**. Predictions of metabolic phenotypes in four adipose transcription data sets downloaded from GEO. In each study the obese/diabetic patients were predicted to have greater MDI than the lean/non-diabetic patients based on the HDMA results from DO mice.