

Method

Identifying *cis*-mediators for *trans*-eQTLs across many human tissues using genomic mediation analysis

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The impact of inherited genetic variation on gene expression in humans is well-established. The majority of known expression quantitative trait loci (eQTLs) impact expression of local genes (*cis*-eQTLs). More research is needed to identify effects of genetic variation on distant genes (*trans*-eQTLs) and understand their biological mechanisms. One common *trans*-eQTLs mechanism is “mediation” by a local (*cis*) transcript. Thus, mediation analysis can be applied to genome-wide SNP and expression data in order to identify transcripts that are “*cis*-mediators” of *trans*-eQTLs, including those “*cis*-hubs” involved in regulation of many *trans*-genes. Identifying such mediators helps us understand regulatory networks and suggests biological mechanisms underlying *trans*-eQTLs, both of which are relevant for understanding susceptibility to complex diseases. The multitissue expression data from the Genotype-Tissue Expression (GTEx) program provides a unique opportunity to study *cis*-mediation across human tissue types. However, the presence of complex hidden confounding effects in biological systems can make mediation analyses challenging and prone to confounding bias, particularly when conducted among diverse samples. To address this problem, we propose a new method: Genomic Mediation analysis with Adaptive Confounding adjustment (GMAC). It enables the search of a very large pool of variables, and adaptively selects potential confounding variables for each mediation test. Analyses of simulated data and GTEx data demonstrate that the adaptive selection of confounders by GMAC improves the power and precision of mediation analysis. Application of GMAC to GTEx data provides new insights into the observed patterns of *cis*-hubs and *trans*-eQTL regulation across tissue types.

[Supplemental material is available for this article.]

Recent studies have demonstrated that many expression quantitative trait loci (eQTLs) that affect expression of local transcripts (*cis*-eQTLs) also affect the expression of distant genes (*trans*-eQTLs) (Battle et al. 2014; Pierce et al. 2014). This observation suggests the effects of *trans*-eQTLs are “mediated” by the local (*cis*-) gene transcripts near the eQTLs (Fehrmann et al. 2011; Pierce et al. 2014). In other words, some *cis*-eQTLs are also *trans*-eQTLs because the variation in the expression of the *cis*-gene affects the expression of a *trans*-gene or genes. In the simplest scenario, a *cis*-eQTL affects expression of a nearby gene that is a transcription factor, which then regulates the transcription of a distant gene; thus, the transcription factor “mediates” the effect of the eQTL on the distant gene. By studying eQTLs that have both the *cis*- and *trans*-effects, one may identify the *cis*-genes that mediate the effects of *trans*-eQTLs on expression of distant genes, including “*cis*-hub” genes that regulate the expression of many *trans*-genes (Chen et al. 2007; Stranger et al. 2012). Studying mediation (causation) moves beyond the analysis of *cis*- and *trans*- associations (correlation). Prior studies have applied mediation tests to genome-wide SNPs and expression data (from blood cells) to identify transcripts that

are *cis*-mediators of the effects of *trans*-eQTLs (Chen et al. 2007; Battle et al. 2014; Pierce et al. 2014). Characterizing these regulatory relationships will allow us to better understand regulatory networks and their roles in complex diseases (Veyrieras et al. 2008), as it is well known that SNPs influencing human traits tend to be eQTLs (Nicolae et al. 2010). Analyses of *cis*-mediation will also provide us with a better understanding of the biological mechanisms underlying *trans*-eQTLs (Westra et al. 2013).

The expression levels of a given gene can vary substantially across human cell types, and the regulatory relationships between SNPs and gene expression levels may also depend on cell type (Torres et al. 2014; Wang et al. 2016). To date, most large-scale eQTL studies have been conducted using RNA extracted from peripheral blood cells, which are mixtures of different cell types and may not be informative for gene regulation in other human tissues. In order to study gene expression and regulation in a variety of human tissues, the National Institutes of Health commonfund GTEx (Genotype-Tissue Expression) project has collected expression data on 44 tissue types from hundreds of post-mortem donors (Lonsdale et al. 2013; Ardlie et al. 2015). This rich transcriptome data, coupled with data on inherited genetic variation, provides an unprecedented opportunity to study gene expression and regulation patterns from both cross-tissue and tissue-specific perspectives.

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One major challenge in mediation analysis is the presence of unmeasured or unknown variables that affect both the mediator (i.e., *cis*-gene) and outcome (i.e., *trans*-gene) variables. The presence of such a variable is known as “mediator-outcome confounding,” and in such a scenario, estimates obtained from mediation analysis can be biased (Robins and Greenland 1992; Pearl 2001; Cole and Hernan 2002). In other words, in the presence of an unmeasured confounding variable(s), the association between the two *cis*- and *trans*-genes will be a biased estimate of the causal relationship between the two genes, and estimates obtained from mediation analysis will be biased. It is well recognized that measures of transcriptional variation can be affected by genetic, environmental, demographic, technical, and biological factors. The presence of unmeasured or unknown confounding effects may induce inflated rates of false detection of mediation relationships or jeopardize the power to detect real mediation, if those confounding effects are not well accounted for. Given that eQTL analyses are conducted in the context of complex biological systems, there is a wide array of biological variables that could potentially confound the mediator-outcome association and bias mediation estimates, a problem that may be exacerbated by the diversity of GTEx participants, with respect to ethnicity, age, and cause of death. Given these challenges, it is desirable to have methods that consider a large pool of potential confounding variables.

To adjust for unmeasured or unknown confounding effects in genomics studies, existing literature focused on the construction of sets of “hidden” variables that capture a substantial amount of the variation in a large set of variables (Price et al. 2006; Leek and Storey 2007; Stegle et al. 2012). A commonality of those approaches is that they model the effects of hidden confounding factors and summarize those effects into a set of constructed variables, sort those variables decreasingly by their estimated impacts, and adjust the top ones as a set of covariates to eliminate major confounding effects in the subsequent analysis. For example, in GTEx eQTL analyses (Ardlie et al. 2015; The GTEx Consortium 2017), the top Probabilistic Estimation of Expression Residuals (PEER) factors were estimated for each tissue type, and up to 35 factors were adjusted. One aspect that is largely ignored is that not all potential gene pairs (or pairs of regulator and regulated genes) are affected by the same set of hidden confounders. There are likely thousands of *cis*-mediated *trans*-eQTLs in the human genome, i.e., trios consisting of a genetic variant, a *cis*-gene transcript, and a *trans*-gene transcript in a specific tissue type. However, for each trio, mediator-outcome confounding will be present only when a hidden variable is causally related to the regulator and regulated genes. By this criterion, the potential confounder set varies by different trios. Adjusting a universal set of variables for all mediation trios is not only inefficient but also may limit our ability to consider a larger pool of potential confounding variables in genomic mediation analyses.

We propose to adaptively select the variables to adjust for each trio given a large set of constructed or directly measured potential confounding variables. This strategy supplements existing confounding adjustment approaches that focus on the construction of variables for capturing confounding effects and enlarges the pool of variables to be considered. Additionally, by leveraging the *cis* genetic variant as an “instrumental variable,” we are able to select the variables capturing confounding effects rather than variables only correlated with *cis*- and *trans*-genes. We further propose a mediation test with nonparametric *P*-value calculation, adjusting for the adaptively selected sets of confounders. We term the proposed algorithm Genomic Mediation analysis with Adaptive

Confounding adjustment (GMAC). The GMAC algorithm improves the efficiency and precision of confounding adjustment and the subsequent genomic mediation analyses. We applied GMAC to each of the 44 tissue types of GTEx data in order to study the *trans*-regulatory mechanism in human tissues. Our algorithm identifies genes that mediate *trans*-eQTLs in multiple tissues, as well as “*cis*-hubs” that mediate the effects of a *trans*-eQTL on multiple genes.

Results

GMAC improves power and precision of analysis of GTEx data

We performed genomic mediation analysis with data from each tissue type in GTEx. Taking the tissue, adipose subcutaneous, as an example, there are 298 samples for this tissue type, and gene-level expression measures for 27,182 unique transcripts are available after quality control. Consider a candidate mediation trio consisting of a gene transcript i (C_i), its *cis*-associated genetic locus (L_i), and another gene transcript j (T_j) in *trans*-association with the locus. The goal is to test for mediation of the effect of the genetic locus on the *trans*-gene by the *cis*-gene (see Fig. 1). We focused on only the trios (L_i, C_i, T_j) in the genome showing both *cis*- and *trans*-eQTL associations, i.e., $L_i \rightarrow C_i$ and $L_i \rightarrow T_j$. Because associations are necessary but not sufficient conditions for inferring mediation, by considering only the trios with *cis*- and *trans*-associations, we effectively reduced the search space to a promising pool of candidate mediation trios and alleviated the multiple testing burdens. We detected and selected a lead *cis*-eQTL for 8500 of these transcripts, corresponding to 8216 unique *cis*-eSNPs for subsequent analysis (see Methods). We applied Matrix eQTL (Shabalin 2012) to the 8216 SNPs and the 27,182 gene expression levels to calculate the pair-wise *trans*-associations. At the *P*-value cutoff of 10^{-5} , there were 3169 significant pairs of SNP and *trans*-gene transcripts. Since some *cis*-eSNPs were the lead *cis*-eSNPs for multiple local gene transcripts, those significant SNP and *trans*-gene pairs entailed a total of 3332 trios (i.e., SNP-*cis*-*trans*) for this tissue type. We applied GMAC (see Methods; see Fig. 2 for a graphical illustration of the main steps of the GMAC) to the 3332 trios in this tissue type to test for mediation

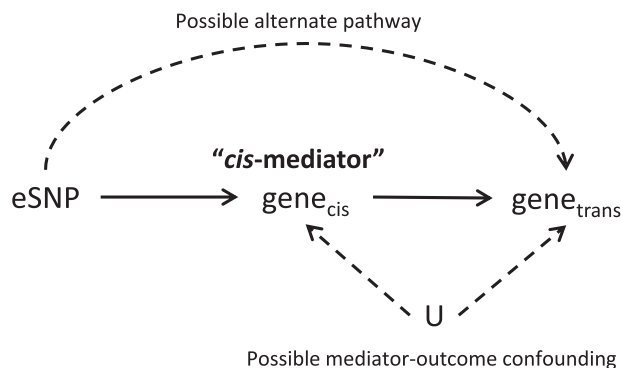


Figure 1. Causal diagram demonstrating mediation and “mediator-outcome confounding.” Here, the variable set “**U**” represents a set of unmeasured or unknown variables that may show confounding effects in the mediation analysis. Mediation analysis can detect mediation of the effect of the eSNP on the *trans*-gene by the *cis*-gene, assuming mediator-outcome confounding is absent or adjusted for in the analysis. Mediation will not be detected if the effect of the eSNP on the *trans*-gene is through some alternative pathway that does not involve the *cis*-gene.

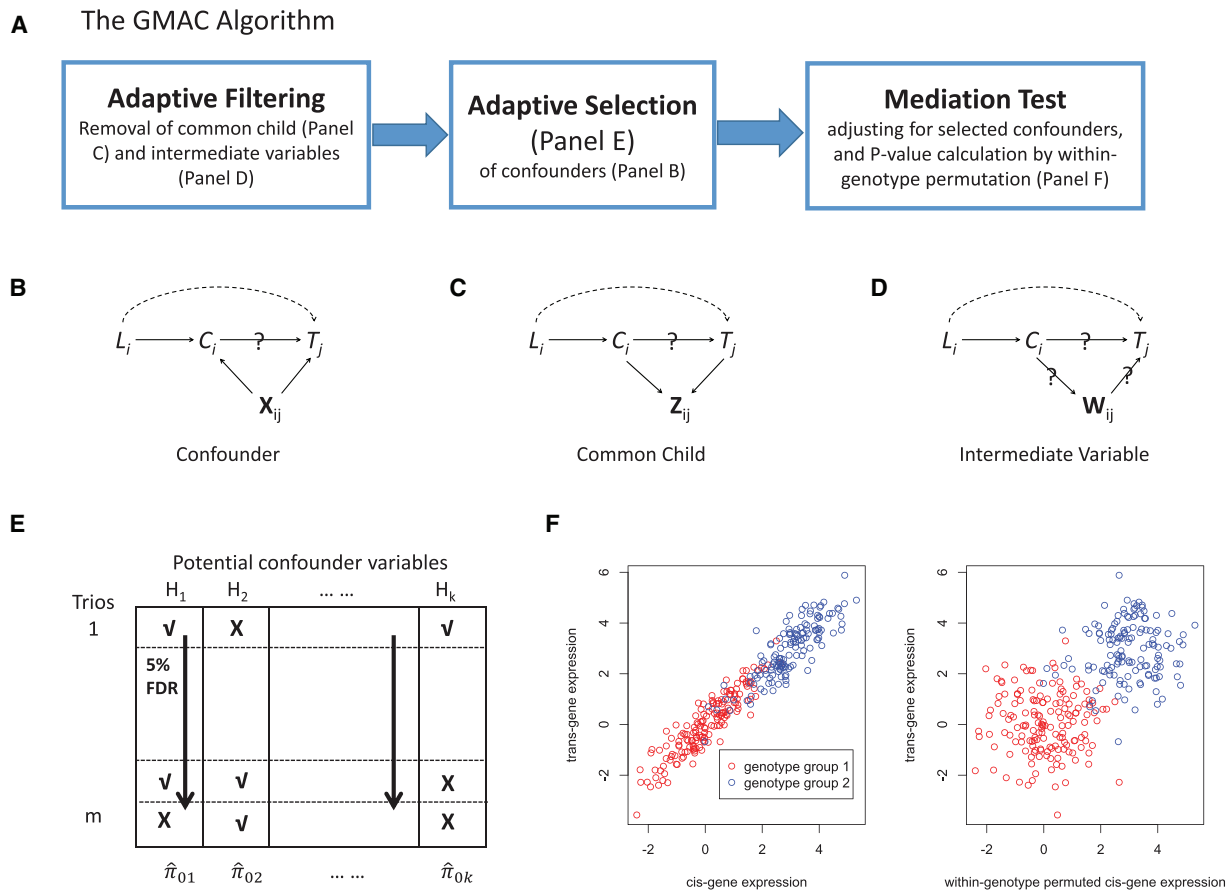


Figure 2. Graphical illustrations of GMAC and its main ideas. (A) A summary of the GMAC algorithm; (B) a mediation relationship among an eQTL, L_i , its *cis*-gene transcript, C_i , and a *trans*-gene transcript, T_j , with confounders, \mathbf{X}_{ij} , allowing L_i to affect T_j via a pathway independent of C_i ; (C) a mediation trio where C_i and T_j have common child variable(s), \mathbf{Z}_{ij} ; (D) a mediation trio where C_i affects T_j through intermediate variable(s), \mathbf{W}_{ij} . (E) The adaptive confounder selection procedure: Based on the P -value matrix for the association of each potential confounder variable to at least one of the *cis*- or the *trans*-gene transcripts, we apply a stratified FDR approach by considering the P -values for each potential confounder (each column) as a stratum, with the significant ones indicated by a check mark (\checkmark). When conducting the mediation test for each trio, we only adjust for the significant confounding variables (the ones with \checkmark in each row). (F) A mediation trio $L_i \rightarrow C_i \rightarrow T_j$ (left) and a trio under the null with both *cis*-linkage and *trans*-linkage but no mediation (right). Within-genotype permutation of the *cis*-gene expression levels maintains the *cis*- and *trans*-linkage (different mean levels) while breaking the potential correlation between the *cis*- and *trans*-expression levels within each genotype group. Note that \mathbf{X}_{ij} , \mathbf{Z}_{ij} , \mathbf{W}_{ij} may vary by trios and are all subsets of \mathbf{H} . We assume that either \mathbf{X}_{ij} or a combination of variables in \mathbf{X}_{ij} would capture the variation of the unmeasured confounder \mathbf{U} in Figure 1.

and obtained the mediation P -values for those trios. Since different tissue types have different sample sizes in GTEx and in addition to cross-tissue confounders, there are many tissue-specific confounding effects, we constructed Principal Components (PCs) from the expression data of each tissue type as potential confounders (Fig. 2B). The number of PCs for each tissue type is equal to the tissue sample size minus 1. We analyzed trios for mediation in a similar fashion for all other GTEx tissue types.

At the 5% false discovery rate (FDR) (Storey and Tibshirani 2003) level, we identified 6145 instances of significant mediation out of 64,824 trios tested in the 44 tissue types. These trios represent potential examples of *cis*-mediation of *trans*-eQTLs within a specific tissue. Table 1 lists the number of significant mediation trios at 5% FDR and the number of trios with suggestive mediation (P -value < 0.05), as well as the total number of trios with significant *cis*- and *trans*-associations for all tissue types. The number of confounders selected for each mediation test ranged from 0 to 22 across all tissue types, with a mean of 7.695 and a median of 8. The median number of confounders selected for each tissue type ranged from 3 to 12, while the pool of variables (PCs) from

which we selected confounders ranged from 69 to 360. Supplemental Table S1 presents the descriptive statistics for the number of selected confounders for all the trios in each tissue type. It is clear that with GMAC, on average, we adjust an efficient number while considering a large pool of confounding variables in the mediation tests, and that may improve the power and accuracy of the analyses.

Again taking the tissue, adipose subcutaneous, as an illustration, in Figure 3, we plotted the negative log base 10 of the mediation P -values versus the percentages of reduction in *trans*-effects after adjusting for a potential *cis*-mediator, based on mediation tests without adjusting for hidden confounders (Fig. 3A) and mediation tests by GMAC considering all PCs as potential confounders (Fig. 3B). The percentage of reduction in *trans*-effects is calculated by $(\beta_2^m - \beta_2)/\beta_2^m \times 100\%$, where β_2^m is the marginal *trans*-effect of the eQTL on the *trans*-gene expression levels, and β_2 is the *trans*-effect after adjusting for *cis*-mediation. For trios representing true *cis*-mediation, we expect the *trans*-effects to be substantially reduced after adjusting for the mediator; that is, we expect the trios with very significant mediation P -values

Table 1. A description of GTEx tissue types and the number of significant instances of mediation (i.e., SNP-*cis-trans* trios) identified by GMAC

Tissue name	Tissue sample size	# Trios tested	# Trios with suggestive mediation (<i>P</i> -value < 0.05)	# Trios significant at 5% FDR
Muscle skeletal	361	2387	496	264
Whole blood	338	2274	508	281
Skin sun-exposed lower leg	302	3273	629	330
Adipose subcutaneous	298	3332	640	325
Artery tibial	285	2699	527	281
Lung	278	2762	543	323
Thyroid	278	3894	696	376
Cells transformed fibroblasts	272	3000	642	340
Nerve tibial	256	3812	677	326
Esophagus mucosa	241	2640	465	242
Esophagus muscularis	218	2431	447	230
Artery aorta	197	2009	368	186
Skin not sun-exposed suprapubic	196	1961	365	177
Heart left ventricle	190	1290	242	115
Adipose visceral omentum	185	1410	257	125
Breast mammary tissue	183	1422	254	126
Stomach	170	1153	235	107
Colon transverse	169	1585	309	161
Heart atrial appendage	159	1221	243	103
Testis	157	3896	607	267
Pancreas	149	1270	208	102
Esophagus gastroesophageal junction	127	857	148	74
Adrenal gland	126	981	185	94
Colon sigmoid	124	968	220	108
Artery coronary	118	874	191	95
Cells EBV-transformed lymphocytes	114	856	152	78
Brain cerebellum	103	1295	187	84
Brain caudate basal ganglia	100	763	139	61
Liver	97	496	87	41
Brain cortex	96	754	134	45
Brain nucleus accumbens basal ganglia	93	592	97	43
Brain frontal cortex BA9	92	595	102	52
Brain cerebellar hemisphere	89	1072	222	116
Spleen	89	825	157	68
Pituitary	87	732	132	61
Prostate	87	474	101	54
Ovary	85	469	95	43
Brain putamen basal ganglia	82	481	94	35
Brain hippocampus	81	343	93	47
Brain hypothalamus	81	342	74	41
Vagina	79	248	58	25
Small intestine terminal ileum	77	434	82	39
Brain anterior cingulate cortex BA24	72	365	81	29
Uterus	70	287	62	25

to have positive percent reduction in the *trans*-effect. In Figure 3A, we observed many trios with significant mediation *P*-values, but for a substantial number of these trios, the percentages of reduction in *trans*-effects are negative. At the mediation *P*-value threshold of 0.05, 1577 out of 3332 trios were significant; however, 712 trios (712/3332 = 21.3%) have negative percent reduction in *trans*-effects. This contradicting result is expected in the presence of unadjusted confounders, and many of these trios may be false positives. Thus, mediation analyses of GTEx data without adjusting for hidden confounding effects will lead to many spurious findings.

In addition to our main analysis based on GMAC (adaptively selecting confounders from all expression PCs), we also conducted mediation tests adjusting for only the 35 PEER factors used in the GTEx eQTL analyses (The GTEx Consortium 2017). At the 5% FDR level, 3356 out of 64,824 trios from all tissue types were significant. Using GMAC adjusting for adaptively selected PEER factors, 5131 trios were significant at the 5% FDR level. The comparison of adjusting for all (up to 35) PEER factors versus GMAC (considering a larger pool of potential confounders with up to 360 PCs) demon-

strates that adaptive selection enables more efficient adjustment of confounding effects with much fewer selected confounding variables (Supplemental Table S1) and improves power to detect mediation. Furthermore, using GMAC to adaptively select confounders from all PCs identifies 6145 significant trios, suggesting an increase in power. It can also be seen that all three methods—(1) GMAC with adaptively-selected PCs, (2) GMAC with adaptively-selected PEER factors, and (3) adjusting for all PEER factors—would yield reasonable mediation estimates (i.e., percentages of reduction in *trans*-effects versus mediation *P*-values), compared to no confounder adjustment (see Supplemental Fig. S1). In conclusion, motivated by the fact that the potential confounder set may vary by different trios, GMAC adaptively adjusts for only the variables that are causally related to both *cis*- and *trans*-genes and may show confounding effects in the mediation analysis of each trio (Fig. 2B). Compared with adjusting for a universal set of (top) variables for all mediation trios, GMAC considers a larger pool of potential confounding variables in genomic mediation analyses and enjoys improved power while controlling for false positives.

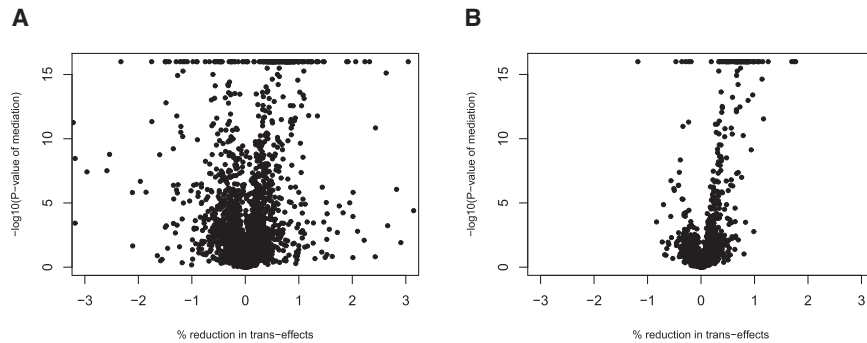


Figure 3. Plots of negative log base 10 of mediation P -values versus the percentages of reduction in $trans$ -effects after accounting for cis -mediation. The P -values are calculated based on (A) mediation tests without adjusting for hidden confounders, and (B) mediation tests by GMAC considering all PCs as potential confounders. P -values are truncated at 10^{-16} . The plots are based on the results from the adipose subcutaneous tissue. The percentage of reduction in $trans$ -effects is calculated by $(\beta_2^m - \beta_2) / \beta_2^m \times 100\%$, where β_2^m is the marginal $trans$ -effect of the eQTL on the $trans$ -gene expression levels, and β_2 is the $trans$ -effect after adjusting for a potential cis -mediator and other covariates. For trios with true cis -mediations, the marginal $trans$ -effects are nonzero, and after adjusting for the true cis -mediators, we expect the adjusted $trans$ -effects β_2 to be substantially reduced; that is, we expect the trios with very significant mediation P -values to have positive percent reduction in $trans$ -effects. For results based on no adjustment of hidden confounders (A), we observed many trios with significant mediation P -values but the percentages of reduction in $trans$ -effects are negative. At the 0.05 P -value threshold, 712 (21.4%) and 188 (5.6%) out of 3332 trios have P -values below the threshold and percent reduction in $trans$ -effects being negative in A and B, respectively.

The majority of the cis -mediators and $trans$ target genes observed among our trios showing mediation have high mappability scores (Supplemental Fig. S2). However, nonuniquely mapping reads can result in false positive eQTLs, so we consider the mappability of each gene as a quality control filter for studying specific examples of cis -mediation (see Methods). Examining the mappability for genes involved in cis -mediation, we observed that cis -genes showing evidence of cis -mediation for multiple $trans$ -genes were enriched for cis -genes with low mappability scores (Supplemental Fig. S2). Similarly, genes showing evidence of cis -mediation across many different tissue types were also enriched for genes showing low mappability scores (Supplemental Fig. S2). This finding demonstrates that transcripts that do not uniquely map to the genome are an important source of false positives when conducting genomic mediation analysis. More specifically, we find that analyzing low-mappability genes can lead to the identification of spurious cis -hubs and cross-tissue cis -mediators.

We attempted to identify “ cis -hubs” with high mappability in the GTEx data, defined as a transcript that appears to mediate the effect of a nearby eSNP on expression of multiple distant (i.e., $trans$) gene transcripts. Restricting our analysis to cis - and $trans$ -genes with mappability > 0.95 , we observed 685 cis -genes with at least two $trans$ targets (considering all tissues), representing 21% of the 3168 cis -genes observed among the trios with a mediation P -value < 0.05 (Table 2). In addition, we attempted to identify cis -genes that have at least one $trans$ target in multiple tissues. Restricting to high-mappability genes, we observed 531 cis -genes with $trans$ targets in more than one tissue, representing 17% of the 3168 cis -genes observed among the trios with a mediation P -value < 0.05 (Table 2). We observed only six examples of cis -genes that had the same $trans$ targets in multiple tissues. In other words, the vast majority of cis -hubs observed were of two distinct types: (1) those that mediated the effect of a $trans$ -eQTL on multiple $trans$ -genes within a single tissue type; and (2) those that were mediators in multiple tissues but with unique $trans$ targets in

each tissue type. All instances of cis -mediation of $trans$ -eQTLs with a mediation P -value < 0.1 (16,648 trios) are listed in Supplemental Table S2, including trios containing transcripts with low mappability.

Examples of mediation across tissues

In analyses restricted to cis - and $trans$ -genes with mappability scores > 0.95 , one biologically interpretable example of a cis -gene that appears to mediate the effects of $trans$ -eSNPs in multiple tissues is the *IFI44L* gene on Chromosome 1 (Fig. 4A). *IFI44L* is a cis -eGene in two GTEx tissues (cerebellar hemisphere and tibial nerve), and the cis -eSNPs associated with *IFI44L* expression are also associated with expression of multiple genes in $trans$ in both cerebellar and tibial nerve tissue. *OAS1* is a $trans$ target of these SNPs in both tissues, while other $trans$ targets are observed in only cerebellar (*AGRN* and *PARP12*) or tibial nerve (*RSAD2*, *OAS2*, and *EPSTI1*). Below the

mappability threshold of 0.95, we observe an additional potential $trans$ target of *IFI44L*, present in both cerebellar and tibial nerve tissue, *IFIT3* (mappability = 0.87). These relationships are depicted in Figure 4A.

Interestingly, if we expand our analysis to include cis - and $trans$ -genes with mappability > 0.90 , we detect *IFI44* (mappability of 0.93) as a cis -mediator regulating a nearly identical set of $trans$ genes across three tissues: cerebellar hemisphere (*OAS1*, *IFIT2*, *AGRN*, and *PARP12*), tibial nerve (*OAS1*, *IFIT3*, *RSAD2*, and *EPSTI1*), and sun-exposed skin (*IFIT1*) (Fig. 4B). *IFI44* and *IFI44L* are paralogs and reside adjacent to each other on 1p31.1. These genes are regulated by the same SNP in each tissue. It is highly unlikely that sequence similarity between these two genes causes our RNAseq-based expression measurements for *IFI44* (and/or *IFI44L*) to reflect the expression variation of both genes. The two regions of similarity shared between these two transcripts are 753 and 202 bp in length, and these regions share 69% and 67% similarity, respectively (Supplemental Fig. S3). These two regions contain no identical sequences longer than ~ 10 bp, making it impossible for an RNA-seq read (76 bp) to be ambiguous in terms of its mapping to *IFI44* vs. *IFI44L*. Furthermore, a prior study of array-based

Table 2. Frequency of cis -genes that mediate the effect of a $trans$ -eQTL on multiple $trans$ -genes or in multiple tissue types

Observed number of $trans$ targets for each cis -gene		Number of tissues for which each cis -gene is a mediator	
Number of $trans$ targets	Cis -gene count	Number of tissues	Cis -gene count
1	2510	1	2637
2	482	2	420
3	123	3	91
4	33	4	16
5–6	12	5	3
7–14	8	6	1

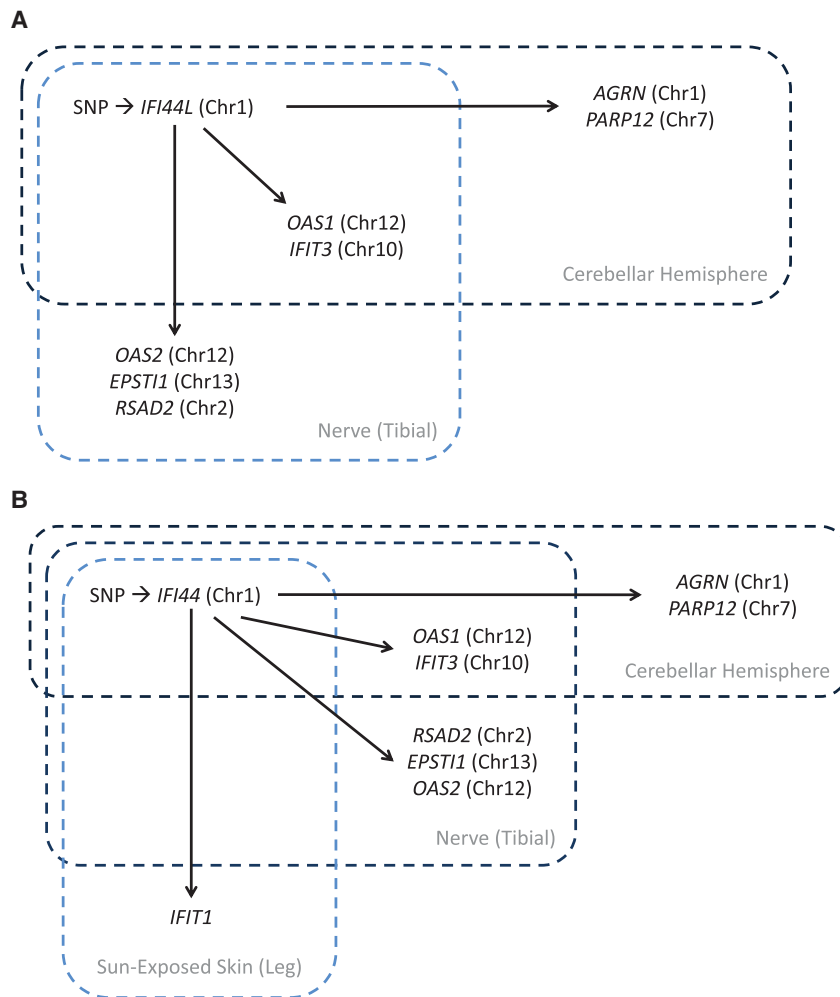


Figure 4. A biologically interpretable example of a *cis*-eGene (*IFI44L*) that appears to mediate the effects of *trans*-eSNPs in multiple tissues. The gene *IFI44L* (A) resides <5 kb away from *IFI44* (B), and expression of these genes is associated with a common *cis*-eQTL that also impacts the expression of multiple genes in *trans* in multiple tissues. Both *IFI44* and *IFI44L* show statistical evidence of mediation for a similar set of interferon-related genes. Thus, based on this evidence, we infer that at least one of these genes is a *cis*-mediator, although we cannot know which is (or if both are) the true mediator.

expression measures in endometrial cancer tissue reported genetic coregulation of *IFI44* and *IFI44L* (in *trans*) (Kompass and Witte 2011).

Based on these observations, it is unclear which of these two genes is truly a *cis*-mediator of the observed *trans*-eQTLs (or if both are mediators). The causal *cis*-eSNP for *IFI44* (and/or *IFI44L*) appears to be different in different tissues, as the LD between the lead *cis*-eSNPs in cerebellar (rs12129932) and the lead eSNP in tibial nerve (rs74998911) is quite low, with $r^2 < 0.01$ in EUR 1000 Genomes data (The 1000 Genomes Project Consortium 2015).

Regardless of the uncertainty whether *IFI44L* or *IFI44* (or both) is the true *cis*-hub of this *trans*-eQTL, nearly all of the genes involved in the putative regulatory pathways identified here are interferon-regulated/inducible genes, namely *OAS1*, *OAS2*, *IFIT1*, *IFIT3*, *IFI44*, *IFI44L*, *RSAD2*, and *AGRN* (Cheon and Stark 2009; Kyogoku et al. 2013). These genes have been previously reported to be co-expressed and/or coregulated in various human cell types, including interferon-exposed fibroblasts and mammary epithelial

cell lines (Cheon and Stark 2009), virus-infected airway epithelial cell cultures (Ioannidis et al. 2012), and peripheral blood of individuals with acute respiratory infections (Zaas et al. 2009), as well as in both normal and cancerous human tissue (Cancer Cell Metabolism Gene DB, <https://bioinfo.uth.edu/ccmGDB/>). These previously reported co-expression findings also extend to *EPSTI1* (Cheon and Stark 2009), the one gene we find to be a *trans* target of *IFI44L* (and/or *IFI44*) that does not have a well-established function in immune response, providing additional evidence of an immune-related function for this gene.

Variation in the *IFI44L* gene is associated with risk for MMR (measles, mumps, and rubella) vaccination-related febrile seizures, with a missense variant in *IFI44L* showing the strongest association (Feenstra et al. 2014). Variation in *IFI44L* has also been implicated in schizophrenia risk (Ruderfer et al. 2014) as well as bipolar disorder (Chen et al. 2013). These findings suggest that the putative cross-tissue *cis*-hub identified here may be relevant to multiple neurological and psychological disorders, particularly those with etiologies related to immune function.

Comparison of GMAC with other methods using simulated data

We evaluate the performance of the proposed GMAC in various simulated data scenarios. For each scenario described below, we simulated 1000 mediation trios (L_i , C_i , T_j) for a sample size of $n = 350$, similar to the sample size of the GTEx data. Each mediation trio consists of a gene transcript i (C_i), its *cis*-associated genetic locus (L_i), and a gene transcript j

(T_j) in *trans*-association with the locus. Note that, in the mediation analysis in this work (simulations and real data analysis), we consider only the trios with evidence of *cis*- and *trans*-associations, $L_i \rightarrow C_i$ and $L_i \rightarrow T_j$. We are interested in testing whether an observed *trans*-eQTL association is mediated by the *cis*-gene transcript, i.e., $L_i \rightarrow C_i \rightarrow T_j$. We compared GMAC with other methods in different scenarios, including in the presence of confounders, common child variables, and intermediate variables. A common child variable is a variable that is affected by both C_i and T_j (Fig. 2C). An intermediate variable is a variable that is affected by C_i and affecting T_j , that is, at least partially mediating the effects from C_i to T_j (Fig. 2D).

Scenario 1: Under the null in the presence of common child variables

This is a scenario in which there is one common child variable for each pair of *cis*- and *trans*-gene transcripts (Fig. 2C). In this scenario, adjusting for common child variables in mediation analyses would “marry” C_i and T_j and make C_i appear to be regulating T_j

Table 3. Comparison of the type I error rate and power of GMAC compared to other methods for mediation analysis under the null (A and B) and the alternative (C and D) hypotheses, based on simulated data

(A) Type I error rate in the presence of a common child variable				(B) Type I error rate in the presence of confounders			
Significance level	Oracle adjustment	GMAC algorithm	Child adjustment	Significance level	Oracle adjustment	GMAC algorithm	No adjustment
0.01	0.011	0.010	0.287	0.01	0.007	0.008	0.459
0.05	0.049	0.050	0.413	0.05	0.045	0.048	0.585

(C) Power in the presence of an intermediate variable				(D) Power in the presence of confounders			
Significance level	Oracle adjustment	GMAC algorithm	Adjusting intermediate variable	Significance level	Oracle adjustment	GMAC algorithm	Adjusting all
0.01	0.999	0.868	0.006	0.01	0.258	0.257	0.161
0.05	0.999	0.871	0.041	0.05	0.473	0.468	0.364

even if there is no such effect (i.e., “collider bias”) (Greenland 2003), increasing the false positive rate for detecting mediation. Therefore, we consider it as “improper” to adjust for common child variables. We simulated a pool of independent and normally distributed variables \mathbf{H} , with dimensionality being the same as the sample size of 350. For each of the 1000 mediation trios, we simulated the genetic locus L_i under Hardy-Weinberg Equilibrium with a minor allele frequency of 0.1. Given L_i , the *cis*-gene transcript C_i and the *trans*-gene transcript T_j are generated according to the models: $C_i = \beta_{i0c} + \beta_{i1c} L_i + \epsilon_{ic}$ and $T_j = \beta_{i0t} + \beta_{i1t} L_i + \epsilon_{it}$. In this scenario, the *trans*-effect is not mediated by the *cis*-gene transcript. We let the parameters in the above models vary across the 1000 trios, with β_{i1c} sampled uniformly from 0.5 to 1.5, and the rest sampled uniformly from 0.5 to 1.0. The error terms ϵ_{ic} and ϵ_{it} are normally distributed. For each mediation trio, one candidate variable in \mathbf{H} is randomly chosen to be the common child variable, Z_j , and the effects of *cis*- and *trans*-gene transcripts on Z_j are sampled uniformly from 1 to 1.5.

Scenario 2: Under the null in the presence of confounders

Scenario 2 is generated under the null in the presence of confounders (Fig. 2B). Each candidate confounding variable has a 5% probability of being a true confounder of the *cis-trans* relationship for a randomly chosen proportion of trios where the proportion follows a uniform distribution from 0 to 0.2. This specification results in, on average, 1.85 confounders for each trio in our simulated data. Suppose for the i^{th} trio there are n_i number of variables in \mathbf{H} selected to be confounders; we denote the confounders as X_{i1}, \dots, X_{in_i} . The *cis*-gene transcript C_i and *trans*-gene transcript T_j are generated according to the regression models $C_i = \beta_{i0c} + \beta_{i1c} L_i + \alpha_{i1} X_{i1} + \dots + \alpha_{in_i} X_{in_i} + \epsilon_{ic}$ and $T_j = \beta_{i0t} + \beta_{i1t} L_i + \gamma_{i1} X_{i1} + \dots + \gamma_{in_i} X_{in_i} + \epsilon_{it}$. We let the parameters in the above models vary across the 1000 trios with similar parameter specification as before. In this scenario, there are no *cis*- to *trans*-gene mediation effects. Failure to adjust for confounders may induce false positive results, and it is improper to not adjust for confounders.

Scenario 3: Under the alternative in the presence of intermediate variables

We consider another scenario in which there is one intermediate variable for each *cis-trans* relationship (Fig. 2D). For each mediation trio, we simulated the genetic locus and the *cis*-gene transcript as before and further simulated a child variable, W_i of the *cis*-gene transcript. The *trans*-gene transcript, T_j is then simulated to be affected by W_i , according to $T_j = \beta_{i0t} + \beta_{i1t} L_i + \gamma_i W_i + \epsilon_{it}$. Note that the

trans-gene T_j is simulated to be affected by the *cis*-gene C_i only via the intermediate variable W_i . The mediation effects from *cis*- to *trans*-gene transcript (via W_i) is nonzero in this scenario. Because W_i is on the causal pathway from C_i to T_j , it is improper to adjust for W_i , and the adjustment will reduce or eliminate power to detect true mediation.

Scenario 4: Under the alternative in the presence of confounders

To compare with the existing approach that adjusts for a universal set of variables, we consider a scenario in which the dimensionality of potential confounding variables \mathbf{H} is 100. For each trio, up to five variables in \mathbf{H} are randomly selected to confound the *cis-trans* gene relationship. The absolute effects of confounders on *cis* transcripts are sampled uniformly from 0.15 to 0.5 with a 50% probability to be negative; the effects of confounders on *trans* transcripts are sampled uniformly from 0.15 to 0.5, with all to be positive. We set the effect of *cis* transcript on *trans* transcript to be 0.1, i.e., non-zero mediation effects. When the number of potential confounding variables is large, although one may still adjust them all for the simulated sample size, this adjustment is inefficient and may hurt the power.

Simulation results

For each scenario, we compared the results based on the following methods: (1) Oracle adjustment, which correctly adjusts for the true confounders but no child or intermediate variables in the mediation test; (2) the GMAC algorithm; and (3) improper (or inefficient) adjustment, which corresponds to incorrectly adjusting for the common child variables in scenario 1, failure to adjust for confounders in scenario 2, incorrectly adjusting for the intermediate variables in scenario 3, and universally adjusting for all variables in \mathbf{H} in scenario 4, including variables which are not true confounders. Table 3, A and B, shows the true type I error rates at the significance levels of 0.01 and 0.05 in scenarios 1 and 2, respectively. As expected, adjusting for child variables “marries” the *cis*- and *trans*-genes in the mediation test, resulting in inflated rates of false positive findings. Failure to adjust for confounding also leads to inflated type I error rates. In contrast, both the Oracle and GMAC adjustment control the type I error rates. Table 3C shows that, when the power to detect mediation is high (by Oracle and GMAC), incorrectly adjusting for an intermediate variable in this setting greatly reduces the power to detect mediation. In comparison, GMAC correctly filters out most of the true intermediate variables in the adjustment for mediation tests and maintains power comparable to Oracle adjustment. Table 3D shows that GMAC has

comparable power to Oracle adjustment in scenario 4. In our simulation, 2962 out of 3023 generated confounders across the 1000 mediation trios are correctly selected. In comparison, adjusting for all variables in the pool of confounders is inefficient and reduces power to detect mediation.

Discussion

In this work, we have developed the GMAC algorithm for conducting mediation analysis to identify *cis* transcripts that mediate the effects of *trans*-eQTLs on distant genes. We address a central problem in mediation analysis, “mediator-outcome confounding,” by developing an algorithm that can (1) search a very large pool of variables (surrogate and/or measured) for variables likely to have confounding effects and (2) adaptively adjust for such variables in each mediation test conducted. We acknowledge that we cannot make definitive causal claims regarding any of the mediation/regulatory relationships for which we detect evidence. Instead, the focus of our work is to strengthen the evidence that mediation analysis can provide and to identify candidate *cis*-hub genes likely to mediate the effects of eQTLs on many *trans*-genes within or across human tissue types. *Cis*-hub genes are likely to be key players in the regulatory networks relevant to human disease, thus it is important that we understand their patterns of regulation. By applying GMAC to 44 human tissues from the GTEx project, we are able to characterize *cis*-hubs with potential disease relevance by aggregating information across many different tissue types. Analyses of simulated data show that the GMAC algorithm improves the power to detect true mediation compared with existing methods, while controlling the true false positive rate.

In analyses of GTEx data, over 20% of *cis*-mediators we observe appear to mediate the effects of a *trans*-eQTL on multiple genes, but the vast majority of these *cis*-hubs are either tissue-specific (i.e., mediating multiple *trans*-genes in a single tissue type) or have unique *trans* targets in each tissue type. We provided one example of a biologically plausible multitissue *cis*-hub, whereby a *cis*-mediator of *trans*-eQTLs appears to have common *trans* targets across multiple tissue types. The *cis*-hub identified (*IFI44L*) has potential relevance for neurological and psychological disorders, particularly those with etiologies related to immune function, demonstrating the potential value of our approach for understanding disease-relevant pathways.

One innovative aspect of this work is our algorithm that rigorously addresses the problem of “mediator-outcome confounding” in the context of genomic mediation analysis. In eQTL-based mediation analysis, potential confounders of the *cis*-*trans* association include demographic and environmental factors, as well as a wide array of biological phenomena, such as expression of specific genes or other biological processes that may be represented by the expression of sets of genes. Neglecting to control for such confounding variables can lead to substantial bias in estimates of mediation, resulting in spurious findings, as we have described previously (Pierce et al. 2014). Considering the complexity of the biological systems under study, as well as the diversity of the GTEx donors, a careful control for such confounding variables is critically important.

Most existing methods control for confounding variables by constructing a set of variables that represent the largest components of variation in the transcriptome and adjusting for the selected set for all tests conducted. However, only when a variable is causally related to both the *cis*- and *trans*-genes (as shown in Fig. 2B) will the variable potentially show confounding effects in

mediation analysis. GMAC adaptively selects a set of confounding variables for each trio undergoing mediation analysis, enabling large-scale genomic mediation analyses adjusting only for the confounding variables that could potentially bias a specific mediation estimate. As opposed to adjusting for all known covariates, our strategy of selecting only potential confounders for adjustment purposes is important for three reasons: (1) Adjusting for fewer variables increases power (i.e., fewer degrees of freedom) (see Supplemental Table S1); (2) the number of variables from which one selects covariates could be extremely large (e.g., all expressed genes), making adjustment for all covariates impossible; and (3) inadvertently adjusting for “common child” or intermediate variables can result in substantial biases. In this work, we select potential confounders from all expression PCs, but one could also select from among transcripts that are not well-represented by PCs. By efficiently selecting confounders from a very large pool of potential variables, GMAC improves both power and precision in mediation analyses.

There are several limitations of our approach and its application to GTEx data. First, when working with real genomic data, we can never be sure that we have measured and accounted for all possible mediator-outcome confounding. Potential confounders include participant characteristics, environmental factors, and tissue micro-environmental factors, as well as a wide array of biological factors which may or may not be captured by the expression data being analyzed. Second, in the analysis presented here, we only consider the trios with both strong *cis*- and *trans*-eQTL effects. For any given tissue type we are analyzing, our sample size is too small for robust genome-wide detection/analysis of *trans*-eQTLs. As such, the mediation trios we considered are only a subset of the true mediation trios in the genome, and the small sample sizes may also result in underpowered mediation tests. As the sample size of GTEx increases, future studies will have increased power to identify *cis*-mediators using GMAC. Third, we did not consider the full complexity of gene isoforms and splice variants in this work; future studies should consider the possibility of mediation relationships that are isoform-specific. Lastly, some *trans*-eQTLs may not be mediated by variation in the expression of a *cis*-gene. Other potential mediating mechanisms could include variation in coding sequence, physical inter-chromosomal interaction, or variation in noncoding RNA. Our work is not intended to identify and analyze such *trans*-eQTLs, as we perform *trans*-eQTL analyses using only SNPs known to be *cis*-eSNPs.

It is important to note that our expectation is that most *trans*-eQTLs are fully mediated by a transcript that is regulated in *cis* by the causal *trans*-eQTL variant. We did not observe “complete mediation” (i.e., % mediation = 100%) for the majority of the significant mediation *P*-values we observed. However, as we have explained and demonstrated previously (Pierce et al. 2014), full mediation will be observed as partial mediation in the presence of mediator measurement error and/or imperfect LD between the causal variant and the variant used for analysis purposes. Thus, considering RNA quantification is not error-free and causal variants are often unknown, we expect to often observe partial mediation when full mediation is present.

We also demonstrate that it is critical to consider mappability for both *cis*- and *trans*-genes involved in mediation analysis. For genes containing sequences that do not uniquely map to the human transcriptome, it is possible that gene expression measures may be comprised of signals coming from multiple genes, which can produce false positives in mediation analysis, including spurious detection of *cis*-hubs and cross-tissue *cis*-mediators.

Our application of the GMAC algorithm to the multitissue expression data from GTEx provides a unique cross-tissue perspective on *cis*-mediation of *trans*-regulatory relationships across human tissues. This multitissue perspective is important because observing mediation relationships that are consistent across multiple tissues provides confidence that a significant mediation *P*-value reflects a true instance of mediation. For the “*cis*-hub” genes and genes that appear to be *cis*-mediators in multiple tissues, further investigation is warranted, as these genes may have many regulatory relationships that we are not powered to detect in this work. Thus, a multitissue mediation analysis approach has the potential to increase power to identify true mediators while controlling for false positives. In future work, attempts at joint analyses of multiple tissue types may provide a more complete picture of the cross-tissue and tissue-specific *trans*-regulatory mechanisms. The GMAC approach described here will be a valuable tool for such studies as well as any future studies that aim to understand the relationships among *cis*- and *trans*-eQTLs and characterize the biological mechanisms and networks involved in human disease biology.

We have developed an R GMAC package to perform the proposed genomic mediation analysis with adaptive selection of confounding variables. The package is currently available through R CRAN.

Methods

Biospecimen collection and processing of GTEx data

A total of 7051 tissues samples were obtained from 44 distinct tissue types from 449 post-mortem tissue donors (with 65.6% male). Those donors were from multiple ethnicity groups, spanned a wide age range, and have various causes of death (see GTEx portal for descriptive statistics). Donor enrollment, consent processes, and biospecimen collection and processing have been described previously (Lonsdale et al. 2013; Ardlie et al. 2015). Briefly, each tissue sample was preserved in a PAXgene tissue kit and stored as both frozen and paraffin-embedded tissue. Total RNA was isolated from PAXgene fixed tissue samples using the PAXgene Tissue mRNA kit. For whole blood, total RNA was isolated from samples collected and preserved in PAXgene blood RNA tubes.

Blood samples were used as the primary source of DNA. Genotyping was conducted using the Illumina Human Omni5-Quad and Infinium ExomeChip arrays. Standard QC procedures were performed using PLINK software (Purcell et al. 2007), and genotype imputation was performed using IMPUTE2 software (Howie et al. 2009) and reference haplotypes from the 1000 Genomes Project (The 1000 Genomes Project Consortium 2015). The first three PCs representing ancestry (Price et al. 2006) were included as covariates in all analyses.

RNA-seq data were generated for RNA samples with an RIN value of six or greater. Nonstrand-specific RNA sequencing was performed using an automated version of the Illumina TruSeq RNA sample preparation protocol. Sequencing was done on an Illumina HiSeq 2000, to a median depth of 78M 76-bp paired-end reads per sample. RNA-seq data were aligned to the human genome using TopHat (Trapnell et al. 2009). Gene-level expression was estimated in RPKM units using RNA-SeQC (DeLuca et al. 2012). RNA-seq expression samples that passed various quality control measures (as previously described) were included in the final analysis data set.

Mappability of transcripts

Because nonuniquely mapping reads can result in false positive eQTLs, we use the mappability of each gene as a quality control

filter, as described by The GTEx Consortium (2017). The mappability was calculated as follows: Mappability of all *k*-mers in the reference human genome (hg19) computed by ENCODE (The ENCODE Project Consortium 2012) was downloaded from the UCSC Genome Browser (accession: wgEncodeEH000318, wgEncodeEH00032) (Rosenbloom et al. 2013). The exon- and UTR-mappability of a gene were computed as the average mappability of all *k*-mers in exons and UTRs, respectively. We used $k = 75$ for exonic regions, as it is the closest to GTEx read length among all possible *k*'s. UTRs are generally quite small, so $k = 36$ was used, the smallest among all possible *k*'s. Mappability of a gene was computed as the weighted average of its exon-mappability and UTR-mappability, with the weights being proportional to the total length of exonic regions and UTRs, respectively.

The selection of trios for mediation tests

In the mediation analysis presented in this work, we consider only the trios with evidence of *cis* and *trans* associations, $L_i \rightarrow C_i$ and $L_i \rightarrow T_j$. The identification of *cis*-eQTLs is described elsewhere (Ardlie et al. 2015; The GTEx Consortium 2017). For genes with multiple *cis*-eSNPs as eQTLs, only one *cis*-eSNP for each gene (i.e., the high-quality SNP with the smallest *P*-value) was selected and was included in the subsequent *trans*-eQTL and mediation analyses. The complete *cis*-eQTL list is available through the GTEx portal (<https://gtexportal.org/>), and all data can be obtained through dbGaP (phs000424.v6.p1).

Furthermore, using Matrix eQTL (Shabalin 2012), we conducted genome-wide *trans*-eQTL analyses, restricted to the *cis*-eSNPs described above and examining association for all genes located at least 1 Mb away from the *cis*-eSNPs. Up to 35 PEER factors and other covariates were adjusted. In each tissue type, when a *trans*-association *P*-value is less than 10^{-5} , the eSNP, its corresponding *cis* transcript, and the *trans* transcript were treated as a candidate trio and were retained for mediation analysis.

The GMAC algorithm

In order to identify *cis*-mediators of *trans*-eQTLs across the genome, we propose the GMAC algorithm (Fig. 2A). Here, we present a brief description of each step. A detailed description and justification for each can be found in the Supplemental Methods. Specifically,

- Step 0. We focus on only the trios (L_i, C_i, T_j) in the genome showing both *cis*- and *trans*-eQTL associations, i.e., $L_i \rightarrow C_i$ and $L_i \rightarrow T_j$. Consider a pool of candidate variables \mathbf{H} consisting of either real covariates, constructed surrogate variables, or both.
- Step 1. Filter out common child and intermediate variables from the pool of potential confounders. For each trio (L_i, C_i, T_j), we calculate the marginal associations of variables in \mathbf{H} to L_i and filter the ones with significant associations at the 10% FDR level. As shown in Figure 2B–D, common child and intermediate variables are directly associated with L_i , while confounders are assumed to be unassociated with L_i . Note that since genetic loci are “Mendelian randomized” (Smith and Ebrahim 2003), without loss of generality we assume the confounders are not associated with L_i . Let \mathbf{H}_{ij} denote the retained pool of candidate variables specific to the trio (L_i, C_i, T_j).
- Step 2. Adaptively select confounders. For each trio and each of its potential confounding variables in \mathbf{H}_{ij} , we calculate the *P*-value of the overall *F*-test to assess the association of the variable to at least one of the *cis* and *trans* transcripts. Considering the *P*-values for one potential confounding variable to all trios

as one stratum, we apply a 10% FDR significance threshold to each stratum (each column in Fig. 2E)—a stratified FDR approach (Sun et al. 2006). The significant variables corresponding to a trio (each row in Fig. 2E) will be selected in the mediation analyses as the adaptively selected confounders specific to that trio (see [Supplemental Methods](#) for details). Let \mathbf{X}_{ij} denote the list of adaptively selected confounding variables for the trio, (L_i, C_i, T_j) .

- Step 3. Test for mediation. For each trio and its adaptively selected confounder set, we calculate the mediation statistic as the Wald statistic for testing the indirect mediation effect $H_0: \beta_1 = 0$ based on the following regression regressing the *trans*-gene expression levels on the *cis*-gene expression levels adjusting for the *cis*-eQTL, other covariates, and selected confounders:

$$T_j = \beta_0 + \beta_1 C_i + \beta_2 L_i + \Gamma X_{ij} + \varepsilon.$$

We perform within-genotype group permutation on the *cis*-gene transcript at least 10,000 times and recalculate each null mediation statistic based on the locus, a permuted *cis*-gene transcript, and the *trans*-gene transcript, (L_i, C_{i0}, T_j) . Figure 2F shows the expression variation patterns of a hypothetical mediation relationship $L_i \rightarrow C_i \rightarrow T_j$ on the left panel, and a null relationship entailed by (L_i, C_{i0}, T_j) with $L_i \rightarrow C_{i0}$ and $L_i \rightarrow T_j$ but no mediation. It justifies that by permuting the *cis*-gene expression levels within each genotype group, one maintains the *cis*-associations while breaking the potential mediation effects from the *cis*- to the *trans*-gene transcript (i.e., conditional correlations of *cis* and *trans* transcript conditioning on L_i , or correlation within each genotype group). We calculate the *P*-value of mediation for the trio (L_i, C_i, T_j) by comparing the observed mediation statistic with the null statistics.

The proposed algorithm is superior to existing approaches for mediation analysis that adjust a universal set of variables for all trios. GMAC avoids the adjustment of common child variables, intermediate variables, and unrelated variables in genomic mediation analysis, and it is able to search a much larger pool of variables for potential confounders, not just those captured by the top few surrogate variables or PCs.

Software availability

The R software package GMAC is available in the [Supplemental Materials](#) and also online through R CRAN <https://cran.r-project.org/>.

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References

- The 1000 Genomes Project Consortium. 2015. A global reference for human genetic variation. *Nature* **526**: 68–74.
- Ardlie KG, DeLuca DS, Segre AV, Sullivan TJ, Young TR, Gelfand ET, Trowbridge CA, Maller JB, Tukiainen T, Lek M, et al. 2015. The Genotype-Tissue Expression (GTEx) pilot analysis: multitissue gene regulation in humans. *Science* **348**: 648–660.
- Battle A, Mostafavi S, Zhu XW, Potash JB, Weissman MM, McCormick C, Haudenschild CD, Beckman KB, Shi JX, Mei R, et al. 2014. Characterizing the genetic basis of transcriptome diversity through RNA-sequencing of 922 individuals. *Genome Res* **24**: 14–24.
- Chen LS, Emmert-Streib F, Storey JD. 2007. Harnessing naturally randomized transcription to infer regulatory relationships among genes. *Genome Biol* **8**: R219.
- Chen DT, Jiang X, Akula N, Shugart YY, Wendland JR, Steele CJ, Kassem L, Park JH, Chatterjee N, Jamain S, et al. 2013. Genome-wide association study meta-analysis of European and Asian-ancestry samples identifies three novel loci associated with bipolar disorder. *Mol Psychiatry* **18**: 195–205.
- Cheon H, Stark GR. 2009. Unphosphorylated STAT1 prolongs the expression of interferon-induced immune regulatory genes. *Proc Natl Acad Sci* **106**: 9373–9378.
- Cole SR, Hernan MA. 2002. Fallibility in estimating direct effects. *Int J Epidemiol* **31**: 163–165.

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- DeLuca DS, Levin JZ, Sivachenko A, Fennell T, Nazaire MD, Williams C, Reich M, Winckler W, Getz G. 2012. RNA-SeQC: RNA-seq metrics for quality control and process optimization. *Bioinformatics* **28**: 1530–1532.
- The ENCODE Project Consortium. 2012. An integrated encyclopedia of DNA elements in the human genome. *Nature* **489**: 57–74.
- Feenstra B, Pasternak B, Geller F, Carstensen L, Wang T, Huang F, Eitson JL, Hollegaard MV, Svanström H, Vestergaard M, et al. 2014. Common variants associated with general and MMR vaccine-related febrile seizures. *Nat Genet* **46**: 1274–1282.
- Fehrmann RSN, Jansen RC, Veldink JH, Westra HJ, Arends D, Bonder MJ, Fu JY, Deelen P, Groen HJM, Smolonska A, et al. 2011. Trans-eQTLs reveal that independent genetic variants associated with a complex phenotype converge on intermediate genes, with a major role for the HLA. *PLoS Genet* **7**: e1002197.
- Greenland S. 2003. Quantifying biases in causal models: classical confounding vs collider-stratification bias. *Epidemiology* **14**: 300–306.
- The GTEx Consortium. 2017. Genetic effects on gene expression across human tissues. *Nature* **550**: 204–213.
- Howie BN, Donnelly P, Marchini J. 2009. A flexible and accurate genotype imputation method for the next generation of genome-wide association studies. *PLoS Genet* **5**: e1000529.
- Ioannidis I, McNally B, Willette M, Peebles ME, Chaussabel D, Durbin JE, Ramilo O, Mejias A, Flano E. 2012. Plasticity and virus specificity of the airway epithelial cell immune response during respiratory virus infection. *J Virol* **86**: 5422–5436.
- Kompass KS, Witte JS. 2011. Co-regulatory expression quantitative trait loci mapping: method and application to endometrial cancer. *BMC Med Genomics* **4**: 6.
- Kyogoku C, Smiljanovic B, Grun JR, Biesen R, Schulte-Wrede U, Haupl T, Hiepe F, Alexander T, Radbruch A, Grutzkau A. 2013. Cell-specific type I IFN signatures in autoimmunity and viral infection: what makes the difference? *PLoS One* **8**: e83776.
- Leek JT, Storey JD. 2007. Capturing heterogeneity in gene expression studies by surrogate variable analysis. *PLoS Genet* **3**: 1724–1735.
- Lonsdale J, Thomas J, Salvatore M, Phillips R, Lo E, Shad S, Hasz R, Walters G, Garcia F, Young N, et al. 2013. The Genotype-Tissue Expression (GTEx) project. *Nat Genet* **45**: 580–585.
- Nicolae DL, Gamazon E, Zhang W, Duan SW, Dolan ME, Cox NJ. 2010. Trait-associated SNPs are more likely to be eQTLs: annotation to enhance discovery from GWAS. *PLoS Genet* **6**: e1000888.
- Pearl J. 2001. Direct and indirect effects. In *Proc. of the seventeenth conference in Uncertainty in Artificial Intelligence*, pp. 411–420. Morgan Kaufmann, San Francisco, CA.
- Pierce BL, Tong L, Chen LS, Rahaman R, Argos M, Jasmine F, Roy S, Paul-Brutus R, Westra HJ, Franke L, et al. 2014. Mediation analysis demonstrates that trans-eQTLs are often explained by cis-mediation: a genome-wide analysis among 1,800 South Asians. *PLoS Genet* **10**: e1004818.
- Price AL, Patterson NJ, Plenge RM, Weinblatt ME, Shadick NA, Reich D. 2006. Principal components analysis corrects for stratification in genome-wide association studies. *Nat Genet* **38**: 904–909.
- Purcell S, Neale B, Todd-Brown K, Thomas L, Ferreira MAR, Bender D, Maller J, Sklar P, de Bakker PIW, Daly MJ, et al. 2007. PLINK: a tool set for whole-genome association and population-based linkage analyses. *Am J Hum Genet* **81**: 559–575.
- Robins JM, Greenland S. 1992. Identifiability and exchangeability for direct and indirect effects. *Epidemiology* **3**: 143–155.
- Rosenbloom KR, Sloan CA, Malladi VS, Dreszer TR, Learned K, Kirkup VM, Wong MC, Maddren M, Fang R, Heitner SG, et al. 2013. ENCODE data in the UCSC Genome Browser: year 5 update. *Nucleic Acids Res* **41**: D56–D63.
- Ruderfer DM, Fanous AH, Ripke S, McQuillin A, Amdur RL, Gejman PV, O'Donovan MC, Andreassen OA, Djurovic S, Hultman CM, et al. 2014. Polygenic dissection of diagnosis and clinical dimensions of bipolar disorder and schizophrenia. *Mol Psychiatry* **19**: 1017–1024.
- Shabalin AA. 2012. Matrix eQTL: ultra fast eQTL analysis via large matrix operations. *Bioinformatics* **28**: 1353–1358.
- Smith GD, Ebrahim S. 2003. 'Mendelian randomization': can genetic epidemiology contribute to understanding environmental determinants of disease? *Int J Epidemiol* **32**: 1–22.
- Stegle O, Parts L, Piipari M, Winn J, Durbin R. 2012. Using probabilistic estimation of expression residuals (PEER) to obtain increased power and interpretability of gene expression analyses. *Nat Protoc* **7**: 500–507.
- Storey JD, Tibshirani R. 2003. Statistical significance for genomewide studies. *Proc Natl Acad Sci* **100**: 9440–9445.
- Stranger BE, Montgomery SB, Dimas AS, Parts L, Stegle O, Ingle CE, Sekowska M, Smith GD, Evans D, Gutierrez-Arcelus M, et al. 2012. Patterns of cis regulatory variation in diverse human populations. *PLoS Genet* **8**: 272–284.
- Sun L, Craiu RV, Paterson AD, Bull SB. 2006. Stratified false discovery control for large-scale hypothesis testing with application to genome-wide association studies. *Genet Epidemiol* **30**: 519–530.
- Torres JM, Gamazon ER, Parra EJ, Below JE, Valladares-Salgado A, Wachter N, Cruz M, Hanis CL, Cox NJ. 2014. Cross-tissue and tissue-specific eQTLs: partitioning the heritability of a complex trait. *Am J Hum Genet* **95**: 521–534.
- Trapnell C, Pachter L, Salzberg SL. 2009. TopHat: discovering splice junctions with RNA-Seq. *Bioinformatics* **25**: 1105–1111.
- Veyrieras JB, Kudaravalli S, Kim SY, Dermitzakis ET, Gilad Y, Stephens M, Pritchard JK. 2008. High-resolution mapping of expression-QTLs yields insight into human gene regulation. *PLoS Genet* **4**: e1000214.
- Wang JB, Gamazon ER, Pierce BL, Stranger BE, Im HK, Gibbons RD, Cox NJ, Nicolae DL, Chen LS. 2016. Imputing gene expression in uncollected tissues within and beyond GTEx. *Am J Hum Genet* **98**: 697–708.
- Westra HJ, Peters MJ, Esko T, Yaghootkar H, Schurmann C, Kettunen J, Christiansen MW, Fairfax BP, Schramm K, Powell JE, et al. 2013. Systematic identification of trans eQTLs as putative drivers of known disease associations. *Nat Genet* **45**: 1238–1243.
- Zaas AK, Chen MH, Varkey J, Veldman T, Hero AO, Lucas J, Huang YS, Tumer R, Gilbert A, Lambkin-Williams R, et al. 2009. Gene expression signatures diagnose influenza and other symptomatic respiratory viral infections in humans. *Cell Host Microbe* **6**: 207–217.

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