

m6A-TSHub: unveiling the context-specific m6A methylation and m6A-affecting mutations in 23 human tissues

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Abstract

As the most pervasive epigenetic marker present on mRNA and lncRNA, *N*⁶-methyladenosine (m⁶A) RNA methylation has been shown to participate in essential biological processes. Recent studies revealed the distinct patterns of m⁶A methylome across human tissues, and a major challenge remains in elucidating the tissue-specific presence and circuitry of m⁶A methylation. We present here a comprehensive online platform m6A-TSHub for unveiling the context-specific m⁶A methylation and genetic mutations that potentially regulate m⁶A epigenetic mark. m6A-TSHub consists of four core components, including (1) m6A-TSDB: a comprehensive database of 184,554 functionally annotated m⁶A sites derived from 23 human tissues and 499,369 m⁶A sites from 25 tumor conditions, respectively; (2) m6A-TSFinder: a web server for high-accuracy prediction of m⁶A methylation sites within a specific tissue from RNA sequences, which was constructed using multi-instance deep neural networks with gated attention; (3) m6A-TSVar: a web server for assessing the impact of genetic variants on tissue-specific m⁶A RNA modification; and (4) m6A-CAVar: a database of 587,983 TCGA cancer mutations (derived from 27 cancer types) that were predicted to affect m⁶A modifications in the primary tissue of cancers. The database should make a useful resource for studying the m⁶A methylome and genetic factor of epitranscriptome disturbance in a specific tissue (or cancer type). m6A-TSHub is accessible at: www.xjtlu.edu.cn/biologicalsciences/m6ats.

Key words: N⁶-methyladenosine (m⁶A); Context-specific analysis; Cancer mutations, genome analysis; Functional annotation

Introduction

Among the more than 150 distinct chemical modifications naturally decorating cellular RNAs [1], *N*⁶-methyladenosine (m⁶A) is the most pervasive marker present on mRNA and lncRNA, and has been associated

with a number of essential biological functions and processes [2, 3], including mRNA stability [4], splicing [5], translation [6, 7], heat shock [8], DNA damage [9], and embryonic development [10]. Increasing evidence has indicated a critical role of m⁶A dysregulation in various human diseases, especially multiple cancers, such as breast cancer [11, 12] and prostate cancer [13]. For example, inhibition of an m⁶A methyltransferase (METTL13) could be used as a potential therapeutic strategy against acute myeloid leukemia [14].

Developed in 2012, m⁶A-seq (MeRIP-seq) was the first whole transcriptome m⁶A profiling approach [15, 16]. It relies on antibody-based enrichment of the m⁶A signal, enabling identification of m⁶A-containing regions with a resolution of around 100nt. Currently, m⁶A-seq is still the most popular m⁶A profiling approach and has been applied in more than 30 different organisms. Besides m⁶A-seq, recent advances in integration of UV cross-linking, enzymatic activity and domain fusion have offered improved even base-resolution m⁶A detection through techniques such as, miCLIP/m⁶A-CLIP-seq [17, 18], m⁶A-REF-seq [19] and DART-seq [20]. However, compared with m⁶A-seq, these approaches require more complicated experimental procedures, and have therefore been applied in fewer biological contexts.

To date, more than 120 computational approaches have been developed for the computational identification of RNA modifications [21, 22] from the primary RNA sequences. These include the iRNA toolkits [23-31], MultiRM [32], DeepPromise [22], RNAm5CPred [33], SRAMP [11], Gene2vec [34], PEA [35], PPUS [36], WHISTLE [37], m5UPred [38], WeakRM frameworks [39, 40], m6ABoost [41], PULSE [42], m6AmPred [43], BERMP [44] and MASS [45]. Together, these efforts greatly advanced our understanding of multiple RNA modifications at different RNA regions and in various species (see recent reviews [22, 46-48]). A number of epitranscriptome databases have been constructed. MODOMICS collects the pathways related to more than 150 different RNA modifications [1]. RMBase [49], MeT-DB [50] and m⁶A-Atlas [51] assembled millions of experimentally validated m⁶A sites. REPIC was established as a comprehensive atlas for exploring the association between m⁶A RNA methylation and chromatin modifications [52]. ConsRM provides the conservation score of individual m⁶A sites at base-resolution, which can be used to differentiate the functionally important and ‘passenger’ m⁶A sites [53]. M6A2Target compiled the target molecules of m⁶A methyltransferases, demethylases and binding proteins [54]. This work has extended our knowledge of the functional epitranscriptome, and greatly facilitated relevant research. Special efforts have also been made to explore the effects of genetic variants on RNA modifications and their association with various diseases. m⁶AVar [55] was the first database that focused on the genetic factors related to epitranscriptome disturbance. It documented more than 400,000 m⁶A-affecting genetic variants, which were further labeled with disease and phenotype associations identified from GWAS analysis. This prediction framework was improved and later applied to eight other RNA modifications (m⁵C, m¹A, m⁵U, Ψ, m⁶Am, m⁷G, and 2'-O-Me, and A-to-I) by RMVar [56] and RMDisease [57]. These above databases systematically revealed the general association between epitranscriptome layer dysregulation and various diseases (see a recent review [58]).

Existing computational approaches for epitranscriptome analysis have been quite successful in providing lots of useful information; however, most of them failed to consider the tissue-specificity of m⁶A epitranscriptome [59, 60]. Indeed, recent study by *Liu et al.*, unveiled distinct tissue-specific signatures of the m⁶A epitranscriptome in human and mouse [61], which are induced by context-specific expression of m⁶A regulators (methyltransferases, demethylases and RNA binding proteins) [62] and genetic drivers [63]. Nevertheless, most existing approaches

for RNA modification sites prediction completely ignore the context-specificity of the epitranscriptome and simply assume a single model for different tissues, undermining their accuracy and applicability. To the best of our knowledge, the only three approaches that clearly support the identification of tissue-specific m⁶A methylation are im6A-TS-CNN [64], iRNA-m6A [65], and TS-m6A-DL [66], all covering only three human tissue types (brain, liver and heart). Similarly, when screening for the genetic variants that can affect RNA modifications, previous work assumes a consistent influence in different tissues (see Table S1 for a detailed description and comparison). However, since different epitranscriptome patterns were observed among different tissues, genetic mutations that can alter m⁶A methylation in one tissue may not necessarily function similarly in a different tissue. Likewise, there are significant differences in incidence, mortality and molecular signatures across cancer originating from different tissues [67, 68]. It is therefore highly desirable to develop approaches that could take full advantage of the tissue-specific RNA methylation profiles so as to make more reliable predictions with respect to a specific tissue type [69]. And this is particularly critical for studying the epitranscriptome circuits of diseases that are explicitly associated with a specific tissue, such as, cancers.

To address this issue, we present here a comprehensive online platform m6A-TSHub for unveiling the context-specific m⁶A methylation and m⁶A-affecting mutations in 23 human tissues. m6A-TSHub consists of four core components:

- i. m6A-TSDB: a database for 184,554 experimentally validated m⁶A-containing peaks (m⁶A sites) derived from 23 distinct human normal tissues and 499,369 m⁶A-containing peaks (m⁶A sites) from 25 matched tumor conditions, extracted from 233 m⁶A-seq samples, respectively.
- ii. m6A-TSFinder: an integrated online server for the prediction of tissue-specific m⁶A modifications in 23 human tissues, built upon a gated attention based multi-instance deep neural network.
- iii. m6A-TSVar: a web server for systemically assessing the tissue-specific impact of genetic variants on m⁶A RNA modification in 23 human tissues.
- iv. m6A-CAVar: a database of 587,983 TCGA cancer mutations (derived from 27 cancer types) that may lead to the gain or loss of m⁶A sites in the corresponding cancer-originating tissues.

In addition, the m⁶A-associated variants were also annotated with their potential post-transcriptional regulatory roles, including RBP binding regions, microRNA targets, and splicing sites, along with their known disease and phenotype linkage integrated from GWAS Catalog [70] and ClinVar databases [71]. The m6A-TSHub is freely accessible at: www.xjtlu.edu.cn/biologicalsciences/m6ats, and should be a useful resource for studying the m⁶A methylome and genetic basis of epitranscriptome disturbance with respect to a specific cancer type or tissue. The overall design of m6A-TSHub is shown in Figure 1.

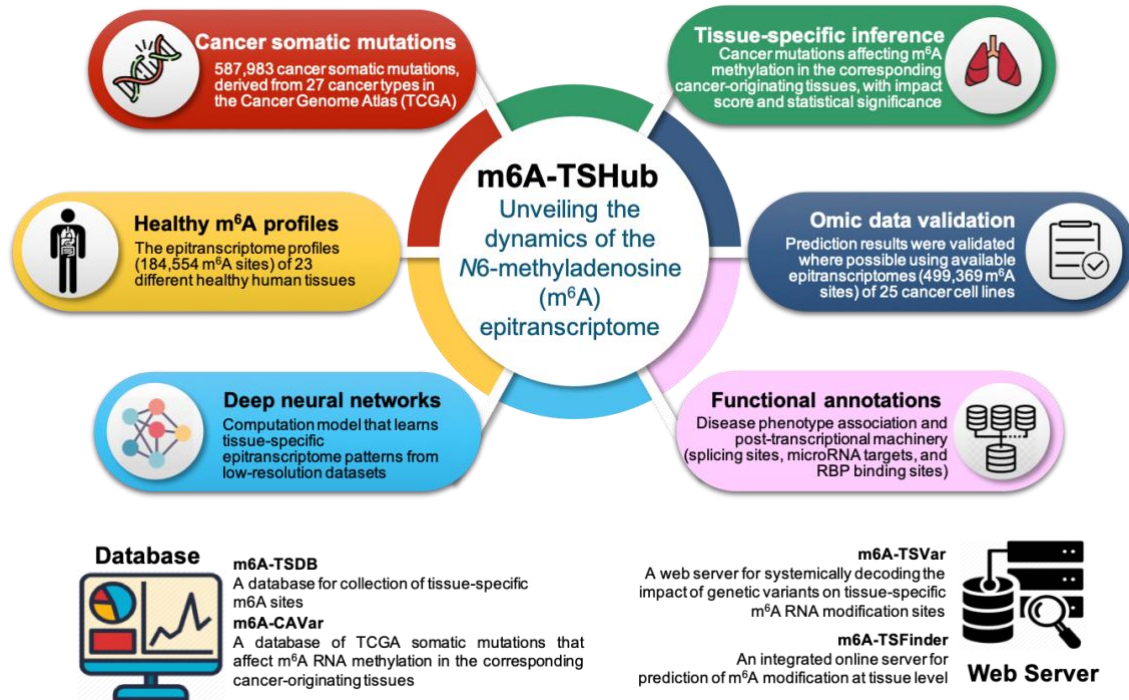


Figure 1. The overall design of m⁶A-TSHub. By integrating 184,554 m⁶A sites detected from 23 different healthy human tissues (m⁶A-TSDB), a deep learning framework that learns tissue-specific RNA methylation patterns was developed (m⁶A-TSFinder). The effect of genetic variants on tissue-specific m⁶A sites was then evaluated (m⁶A-TSVar). A total of 587,983 cancer somatic mutations were predicted to be able to affect m⁶A methylation of RNA in their corresponding cancer-originating tissues. The predicted m⁶A-affecting SNPs were then systematically validated using available cancer epitranscriptome datasets, and then functionally annotated with disease and phenotype association from genome-wide association studies (GWAS), along features relating to the post-transcriptional machinery (microRNA target sites, splicing sites and RNA binding protein binding sites) that are potentially mediated by m⁶A modification (m⁶A-CAVar). A web interface was constructed to enable the exploration, query, online analysis, and download of relevant results and data.

Data collection and processing

Data resource (m⁶A-TSDB)

We collected the epitranscriptome profiles of 23 healthy human tissues, from which the tissue-specific RNA methylation patterns were learned using deep neural networks. Specifically, the raw sequencing data of 78 m⁶A-seq samples were downloaded directly from NCBI GEO [72] and National Genomics Data Center [73] (Sheet S1). Adaptors and low quality nucleotides were removed by Trim Galore [74], followed by quality control using FastQC. The processed reads were then aligned to the reference genome hg19 by HISAT2 [75]. The m⁶A enriched regions (peaks) located on transcripts were detected by exomePeak2 [76] using its default setting with GC contents corrected. In total, m⁶A profiling samples from 23 human healthy tissues (184,554 m⁶A-containing peaks) were processed, we filtered all obtained m⁶A enriched regions to remain peaks with at least one DRACH consensus motif located, and using these peak regions containing tissue-specific m⁶A signal as positive data. Negative data was randomly collected from non-peak regions located on the same transcript of the corresponding positive data, and cropped to balance the length and number between positive and negative regions (with a

positive to negative ratio of 1:1). The genomic sequences of both positive and negative regions were then extracted for developing the tissue-specific m⁶A prediction model.

To evaluate the effect of cancer somatic variants on m⁶A methylation in their originating tissues, a total of 2,587,191 cancer somatic variants from 27 different cancer types were obtained from The Cancer Genome Atlas (TCGA) (release version v27.0-fix) [77] (Sheet S2). Meanwhile, 155 m⁶A-seq samples profiling the epitranscriptome (499,369 m⁶A-containing peaks) of 25 cancer cell lines (corresponding to 17 tissue types) were also obtained using the same data processing pipeline (Sheet S1), which were used for the validation of the predicted effects on m⁶A methylation of the variants (detailed in the following).

Learning tissue-specific m⁶A methylation with deep neural networks (m⁶A-TSFinder)

The purpose of weakly supervised learning is to develop predictive models by learning from weakly labeled data, such as m⁶A peaks of low resolution detected by the m⁶A-seq (or MeRIP-seq) technique [15, 16]. Unlike supervised learning based on single-nucleotide resolution data, it works for the case where only coarse-grained labels (indicating whether a genome bin contains a m⁶A site) are available for these peaks of various lengths. We previously proposed a general weakly supervised learning framework WeakRM [78], which takes labels at the sequence level (rather than a nucleotide level) as input and predicts the sub-regions that are most likely to contain the RNA modification. As a simplified illustration showed in Figure 2, the m⁶A-TSFinder framework is divided into several sub-sections. Firstly, multi-instance learning treats each entire RNA sequence as a ‘bag’, with multiple ‘instances’ within the ‘bag’ determined by a fixed-length sliding window. Previous studies have shown that a 40-50nt context region is sufficient for modification predictions. Therefore, in m⁶A-TSFinder, a sliding window of 50-nt was used, which is also helpful to improve the prediction resolution. Secondly, the RNA instances were fed into m⁶A-TSFinder model using one-hot encoding, which is widely used in deep learning-based models. The extracted instances pass through the same feature extraction module (the weights of the network are shared in this module) and output instance-level features. The network architecture of the feature extraction section used in m⁶A-TSFinder includes: the first convolutional layer to capture motifs; a max-pooling layer to remove weak features and enlarge the receptive field; a dropout layer that prevents overfitting in training, and a second convolutional layer which learns local dependencies among motifs. In order to further improve the performance of the model, in m⁶A-TSFinder, we use a long short-term memory (LSTM) layer to replace the second convolutional layer, so that the model can learn the long-range dependence of the motif while maintaining local dependence. Lastly, gated attention was used as the score function to obtain bag-level probabilities from multiple instance-level features. The gated attention module consists of three fully connected layers. The first two layers learn hidden representations from the instance features using tanh and sigmoid activation functions. Their element-wise multiplication is then sent to the third fully connected layer, which learns the similarity between the product and a context feature vector and outputs an attention score for each instance. The score is further normalized using the softmax function, so that the weights of all instances add up to 1. The weighted summation of instance features is treated as the bag-level feature and used to output the final probability score. Together, our model can be trained end-to-end using the binary cross-entropy loss calculated by the bag-level label. Our model was trained using the Adam optimizer under the Tensorflow framework. The learning rate was initially set to 1e-4, and gradually decayed to 1e-5 during the training process of 20 epochs. It is worth mentioning, when the number of instances is consistently set to 1, the weight of the instance is always 1, and the label becomes the instance level.

In that case, the gated attention module is degraded, and the network becomes a strong supervised learning framework with two feature extraction layers.

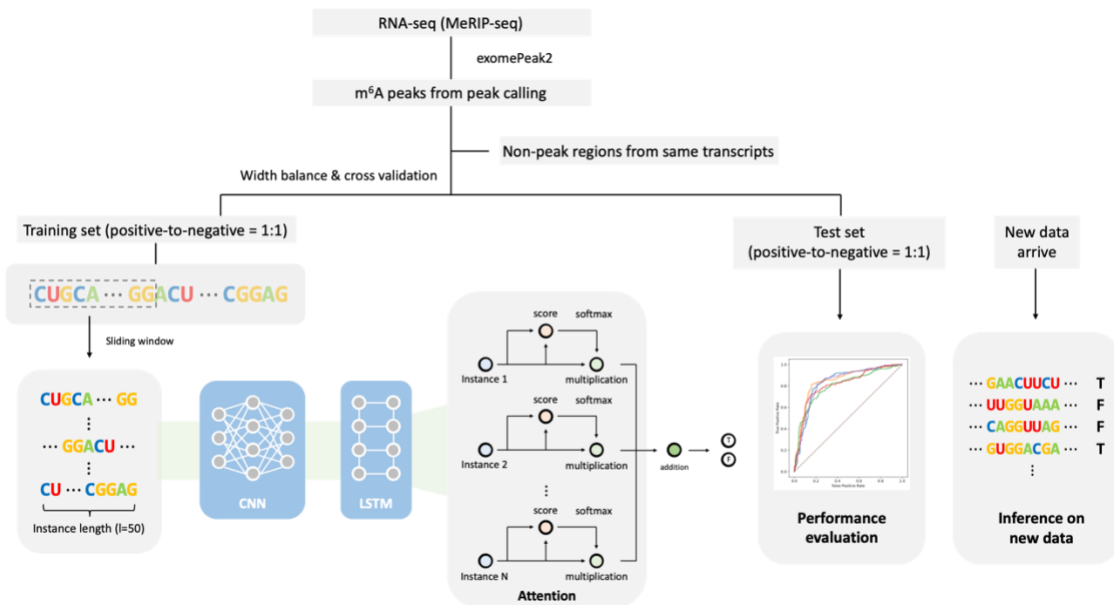


Figure 2. A simplified graphic illustration of the proposed m6A-TSFinder framework.

Decoding the tissue-specific effect of variants on m⁶A methylation (m6A-TSVar & m6A-CAVar)

Similar to previous studies [55, 56, 79, 80], a cancer somatic variant is defined as tissue-specific m⁶A variant if it could lead to the gain or loss of m⁶A methylation in a specific tissue. The tissue-specific inference was made possible by our deep neural network model m6A-TSFinder. Specifically, the predicted tissue-specific m⁶A variants were further classified into 3 confidence levels - low, medium and high (see Figure 3).

Low confidence level

An m⁶A-associated variant with a low confidence level was defined directly by the tissue-specific prediction model. For example, a synonymous somatic variant (chr5:92929473, positive strand, C>T, TCGA barcode: TCGA-49-6742-01A-11D-1855-08) was extracted from TCGA-LUAD project, which was then predicted to eliminate the methylation of an experimentally validated m⁶A-containing region (chr5:92929314-92929786, positive strand) originally detected in human lung tissue [61].

Medium confidence level

m⁶A variants of medium confidence level are those that can be verified on available epitranscriptome data from cancer samples originated from the matched tissue. Follow the low confidence level mentioned above, by checking the m⁶A-containing regions reported in lung adenocarcinoma cancer cell line A549 [81] and H1299 [82], we confirmed that no m⁶A peaks were further observed in A549 and H1299 for the variant-affected region (chr5:112176059-112176334, positive strand). Consequently, this LUAD somatic variant was upgraded to 'medium' confidence level in the m6A-CAVar database. Please note that, the predicted m⁶A dynamics in m6A-CAVar were systematically validated using available epitranscriptome datasets from the matched healthy and cancerous samples, providing another layer of quality assurance from real omics datasets: existing approaches

only use those datasets to provide the m⁶A site information without searching for potential evidence of m⁶A status switching.

High confidence level

Only a very small number of variants have been clearly associated with diseases and phenotypes unveiled from GWAS analysis, and are known as disease-TagSNPs. These variants exhibited their clinical significance and are very likely to be functionally important. Thus, m⁶A variants of ‘high’ confidence level were defined as the validated m⁶A variants that can also be mapped to disease-TagSNPs extracted from ClinVar [71] and GWAS catalog [70]; while those not validated were referred to as “critical”.

Additionally, the association level (AL) between a SNP and m⁶A RNA modification was defined as following:

$$AL = \begin{cases} 2P_{SNP} - 2 \max(0.5, P_{WT}) & \text{for gain} \\ 2P_{WT} - 2 \max(0.5, P_{SNP}) & \text{for loss} \end{cases} \quad (1)$$

where, P_{WT} and P_{SNP} represent the probability of m⁶A RNA modification for the wild type and mutated sequences, respectively. The association level (AL) ranges from 0 to 1, with 1 indicating the maximum impact on m⁶A methylation. The statistical significance was assessed by comparing to the ALs of all mutations, with which the upper bound of the p-value can be calculated from its absolute ranking. The m⁶A-associated variants with association level > 0.4 and $P < 0.1$ were retained. We also considered the possibility of a variant destroying part of (but not an entire) m⁶A peak. For peaks wider than 500 nt, the impacts were also evaluated on the 200 nt flanking regions of the variant.

The predicted m⁶A variants were then validated on the epitranscriptome datasets from the matched health and cancer samples. We consider a prediction validated by omic data if the matched dynamics of m⁶A sites were observed under the healthy tissue and the cancer samples with the same tissue origin. It may be worth noting that, omic data was only used to inform the prediction of m⁶A sites in previous studies [55, 56, 79, 80]; however, our analysis also relies on it to confirm the predicted disturbance of m⁶A status between the health and cancer conditions. This extra layer of confirmation directly from available omic datasets should effectively enhance the reliability of our database.

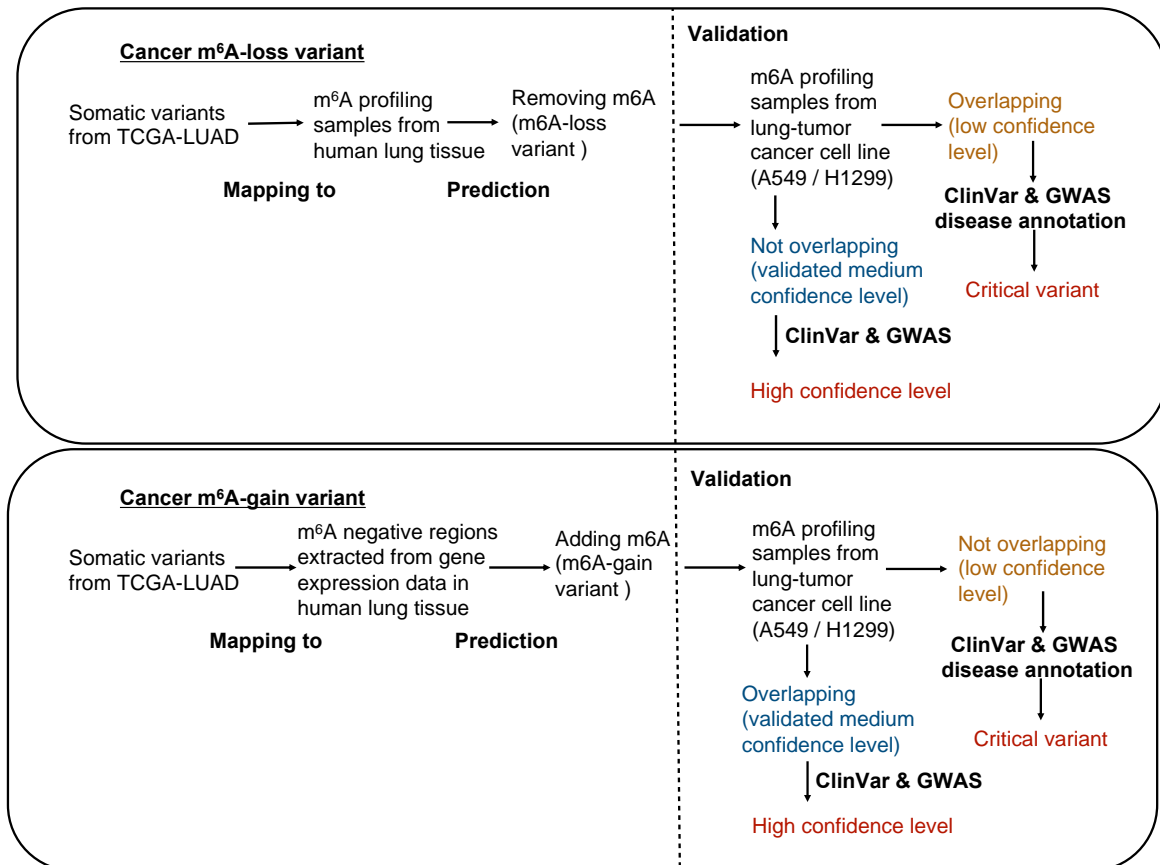


Figure 3. Workflow of how to determine the confidence level of m⁶A variants. Three types of confidence levels were applied. The cancer-driving somatic variants were extracted from TCGA-projects, and mapped to the m⁶A profiling samples derived from corresponding tumor-growth tissue. A tissue-specific weakly supervised model was then applied to obtain m⁶A-associated variants labeled in low confidence level. m⁶A profiling samples from tumor-growth tissues were then used for validation of the prediction results, the validated portion was classified into medium confidence level. Lastly, all variants with medium confidence level were annotated with disease information from ClinVar and GWAS, and then classified into the high confidence group. Lung tissue, healthy and cancerous, is used as an example here, the same protocol was followed for all 23 tissues.

Functional annotation

The identified m⁶A variants were annotated with various information, including transcript region (CDS, 3'UTR, 5'UTR, start codon and stop codon), gene annotation (gene symbol, gene type, Ensembl gene ID), evolutionary conservation (phastCons 60-way), and deleterious level by SIFT [83], PolyPhen2 HVAR [84], PolyPhen2HDIV [84], LRT [85] and FATHMM [86] using the ANNOVAR package [87]. A total of 177,998 high-confidence m⁶A sites detected using base-resolution technology previously were collected and used to pin-point the precise location of the mediated m⁶A sites within the variant affected regions (**Sheet S3**). In addition, aspects of the post-transcriptional machinery that can be mediated by m⁶A methylation were also annotated including RBP binding regions from POSTAR2 [88], miRNA-RNA interaction from miRanda [89] and starBase2 [90], and splicing sites from UCSC [91] annotation with GT-AG role. Furthermore, to unveil potentially related pathogenesis, any association between disease and m⁶A variants was extracted from GWAS catalog [70] and ClinVar [71] databases.

Database and web interface implementation

Hyper Text Markup Language (HTML), Cascading Style Sheets (CSS) and Hypertext Preprocessor (PHP) were applied to construct the m⁶A-CAVar web interface. All metadata was storage using MySQL tables. Besides, EChars was exploited to present statistical diagrams, and the Jbrowse genome browser [92] was included for interactive exploration and visualization of relevant records for genome regions of interests.

Database content and usage

Collection of m⁶A sites from 23 normal human tissues and 25 cancer cell lines in (m⁶A-TSDB)

In m⁶A-TSDB, a total of 184,554 and 499,369 m⁶A-containing peaks were collected from 23 normal human tissues and 25 cancer samples, respectively. Among them, 17 out of 25 tumor samples have the m⁶A profiles of their matched primary tissues. The m⁶A enriched peaks were called using exomePeak2 [76] with GC-correction function, after mapping the processed reads to human reference genome version hg19. It is worth mentioning that, for a more complete m⁶A epitranscriptome landscape view, a total of 177,998 base-resolution m⁶A sites collected from 27 datasets using six different m⁶A profiling techniques were integrated and used to pin-point the precise location of the mediated m⁶A sites within all tissue-specific m⁶A peaks (Sheet S3). All data collected in the m⁶A-TSDB can be freely downloaded or shared.

Performance evaluation and model interpretation of tissue-specific m⁶A site prediction (m⁶A-TSFinder)

The performance of tissue-specific m⁶A site predictors was evaluated using 10-fold cross-validation and independent testing. For each distinct human tissue, we randomly selected 15% of experimentally validated m⁶A sites and used them as independent testing dataset. For 10-fold cross-validation, the training data was randomly divided into 10 sub-sections with the same number of positive and negative peaks. The prediction performance of each tissue-specific predictor was shown in Table 1. In general, the prediction accuracies for most tissues (20 out of the total 23 tissues) are in line with conventional approaches for m⁶A site prediction under strong supervision with base-resolution datasets, which typically reported a prediction performance between 0.8-0.85 in terms of AUROC [22, 93]. The performance for kidney (AUROC = 0.718), HSC (AUROC = 0.757) and brainstem (AUROC = 0.789) was somewhat worse, but the reasons are not very clear. Besides, in order to find the recurring sequence patterns preferred by each tissue-specific m⁶A prediction model, we further divided the peaks into instances of length (l=50) and extracted the consensus motifs from instances with predicted values higher than 0.5 using integrated gradient and TF-Modisco, under each tissue model, respectively. By trimming the overall letter frequencies with three gaps and two mismatches allowed, we identified one consistence motif under all tissue models (Figure S1) which was matched to the known m⁶A consensus motif DRACH. Please refer to Figure S1 for details.

Table 1 Performance evaluation of tissue-specific m⁶A model

| Tissue type | 10-fold cross-validation | | | | Independent testing | | | |
|---------------|--------------------------|-----------|-------|-------|---------------------|-----------|-------|-------|
| | Accuracy | Precision | MCC | AUROC | Accuracy | Precision | MCC | AUROC |
| Lung | 0.764 | 0.835 | 0.536 | 0.843 | 0.775 | 0.761 | 0.55 | 0.853 |
| Bladder | 0.758 | 0.760 | 0.517 | 0.836 | 0.766 | 0.750 | 0.532 | 0.848 |
| Colon | 0.740 | 0.770 | 0.482 | 0.810 | 0.744 | 0.730 | 0.490 | 0.810 |
| Lymph Nodes | 0.771 | 0.797 | 0.544 | 0.844 | 0.78 | 0.735 | 0.570 | 0.844 |
| Cerebrum | 0.745 | 0.799 | 0.495 | 0.827 | 0.758 | 0.768 | 0.515 | 0.834 |
| Cerebellum | 0.715 | 0.718 | 0.432 | 0.798 | 0.72 | 0.731 | 0.441 | 0.801 |
| Hypothalamus | 0.733 | 0.724 | 0.467 | 0.799 | 0.746 | 0.74 | 0.493 | 0.811 |
| Brainstem | 0.727 | 0.742 | 0.454 | 0.764 | 0.721 | 0.713 | 0.443 | 0.789 |
| Kidney | 0.685 | 0.694 | 0.369 | 0.755 | 0.647 | 0.628 | 0.297 | 0.718 |
| Bone Marrow | 0.694 | 0.634 | 0.391 | 0.757 | 0.698 | 0.721 | 0.397 | 0.757 |
| Liver | 0.742 | 0.747 | 0.484 | 0.805 | 0.737 | 0.717 | 0.476 | 0.803 |
| Ovary | 0.730 | 0.710 | 0.464 | 0.814 | 0.726 | 0.722 | 0.453 | 0.812 |
| Prostate | 0.752 | 0.779 | 0.507 | 0.819 | 0.759 | 0.736 | 0.521 | 0.830 |
| Soft Tissues | 0.766 | 0.855 | 0.544 | 0.855 | 0.771 | 0.775 | 0.543 | 0.858 |
| Skin | 0.750 | 0.850 | 0.511 | 0.835 | 0.773 | 0.753 | 0.547 | 0.857 |
| Stomach | 0.772 | 0.820 | 0.549 | 0.852 | 0.77 | 0.764 | 0.539 | 0.848 |
| Corpus Uteri | 0.722 | 0.656 | 0.452 | 0.813 | 0.734 | 0.715 | 0.470 | 0.822 |
| Adrenal Gland | 0.737 | 0.771 | 0.474 | 0.804 | 0.741 | 0.716 | 0.485 | 0.817 |
| Heart | 0.778 | 0.824 | 0.558 | 0.854 | 0.772 | 0.759 | 0.546 | 0.846 |
| Rectum | 0.747 | 0.725 | 0.496 | 0.826 | 0.767 | 0.747 | 0.536 | 0.828 |
| Testis | 0.743 | 0.770 | 0.489 | 0.810 | 0.731 | 0.734 | 0.463 | 0.804 |
| Thyroid Gland | 0.765 | 0.805 | 0.533 | 0.845 | 0.753 | 0.733 | 0.509 | 0.830 |
| Pancreas | 0.761 | 0.770 | 0.523 | 0.838 | 0.751 | 0.739 | 0.502 | 0.834 |

Performance compared with existing approaches

We further compared the performance of the proposed m⁶A-TSFinder with existing m⁶A predictors specifically targeted at tissue level. *Dao et al.* previously developed an SVM-based model (iRNA-m⁶A) for m⁶A identification in human brain, liver, and kidney [65]. Later, im⁶A-TS-CNN [64] and TS-m⁶A-DL [66] further improved prediction performance by applying a convolutional neural network, using the same training and testing datasets provided in Dao's work, respectively. It is worth mentioning that the training and testing datasets used in their work contain both 41nt-length positive and negative sequences with a m⁶A or non-m⁶A sites in the center. For a fair comparison, the same training and testing datasets were used to rebuild m⁶A-TSFinder in human brain, liver, and kidney, respectively. As described in the METHODS section, we applied a gated attention based multi-instance approach for identification of m⁶A signal in regions (~300nt). In this case, the 41nt-length sequences were treated as one instance and fed into the classifier, which makes the prediction performance comparable. As is shown in Table 2, when tested on independent dataset, m⁶A-TSFinder outperformed the three competing methods in two of the total 3 tissues tested (brain and liver), and achieved the best average performance (AUROC of 0.8593). The improvement may be due to the application of the LSTM layer after the convolutional

layer, which enables the model to learn the long-range dependencies between the motifs. In addition, by learning from the low-resolution datasets, we expanded the human tissues supported from three to 23, which could significantly facilitate future research focusing on the dynamics of m⁶A methylome across different tissues.

Table 2 Performance comparison between m⁶A-TSFinder and competing approaches on independent dataset (AUROC)

| | Performance on independent dataset | | | |
|---------|------------------------------------|------------------------|--------------------------|-----------------------|
| | m ⁶ A-TSFinder | TS-m ⁶ A-DL | im ⁶ A-TS-CNN | iRNA-m ⁶ A |
| Brain | 0.8132 | 0.8097 | 0.8056 | 0.7845 |
| Liver | 0.8850 | 0.8784 | 0.8805 | 0.8681 |
| Kidney | 0.8796 | 0.8802 | 0.8727 | 0.8565 |
| Average | 0.8593 | 0.8561 | 0.8529 | 0.8364 |

Note: For a fair comparison, the m⁶A-TSFinder was rebuilt for human brain, liver, and kidney, using the same training and testing datasets applied in the three previous works. The 41nt sequences were considered as one instance and fed into m⁶A-TSFinder.

Assessing the impact of genetic variants on tissue-specific m⁶A sites by m⁶A-TSVar

The m⁶A-TSVar web server was designed to assess the impact of genetic variants on tissue-specific m⁶A RNA methylation using deep neural networks. The collected experimentally validated m⁶A peaks from 23 human tissues were integrated. The changes in the probability of m⁶A methylation affected by mutations were calculated, with the returned value of association level (AL) indicating how extreme the impact on m⁶A methylation is. To our best knowledge, the m⁶A-TSVar is the first web server for exploring m⁶A-affecting variants within a specific tissue by integrating the tissue-specific m⁶A patterns.

Screening for cancer variants that affect m⁶A in their primary tissues (m⁶A-CAVar)

In m⁶A-CAVar, the cancer somatic variants from 27 TCGA projects were extracted. Their impacts on m⁶A RNA modification in the corresponding 23 healthy human tissues were evaluated and then systematically validated using 17 paired normal and tumor samples. A total of 587,983 cancer somatic variants were predicted to affect the m⁶A methylation status in their originating tissues (the ‘low’ confidence level group). Among them, the dynamic m⁶A status induced by 122,473 variants was observed on the available epitranscriptome profiles (the ‘medium’ confidence level group), and 1,718 confirmed m⁶A-variants were known to be associated with diseases and other phenotypes from GWAS analysis (the ‘high’ confidence level group) (see Table 3). Please refer to section of **Data collection and processing** for more details related to the classification of the m⁶A variants into different confidence group.

Table 3 Tissue-specific m⁶A cancer variants collected in m6A-CAVar

| Cancer type | Primary tissue | Matched cancer cell line | Variant type | Classification | | | Total | |
|---|-------------------------------------|--|--------------|----------------|---------|------|---------|------|
| | | | | Low | Middle | High | | |
| Lung Adenocarcinoma (TCGA-LUAD) | Lung | A549, H1299 | Gain | 27,845 | 6526 | 30 | 34,401 | |
| | | | Loss | 1233 | 1391 | 2 | 2626 | |
| Bladder Urothelial Carcinoma (TCGA-BLCA) | Urinary Bladder | BCa5637 | Gain | 25,508 | 3702 | 13 | 29,223 | |
| | | | Loss | 3079 | 1691 | 6 | 4776 | |
| Colon Adenocarcinoma (TCGA-COAD) | Colon | HT29, HCT116 | Gain | 30,540 | 8391 | 82 | 39,013 | |
| | | | Loss | 6 | 8284 | 74 | 8364 | |
| Lymphoid Neoplasm Diffuse Large B-cell Lymphoma (TCGA-DLBC) | B Lymphocyte Cell Lines | OCI-Ly1 | Gain | 1189 | 82 | 2 | 1273 | |
| | | | Loss | 74 | 69 | 0 | 143 | |
| Glioblastoma Multiforme (TCGA-GBM) | Cerebrum | U251, GOS-3, PBT003 | Gain | 8509 | 3648 | 47 | 12,204 | |
| | | | Loss | 1453 | 1181 | 12 | 2646 | |
| | Cerebellum | | Gain | 8319 | 3659 | 38 | 12,016 | |
| | | | Loss | 1928 | 1271 | 4 | 3203 | |
| | Hypothalamus | | Gain | 6723 | 3414 | 27 | 10,164 | |
| | | | Loss | 1522 | 1482 | 18 | 3022 | |
| | Brainstem | | Gain | 7559 | 3168 | 40 | 10,767 | |
| | | | Loss | 1374 | 1451 | 8 | 2833 | |
| Kidney Renal Clear Cell Carcinoma (TCGA-KIRC) | Kidney | iSLK.219 | Gain | 3844 | 227 | 4 | 4075 | |
| | | | Loss | 54 | 33 | 0 | 87 | |
| Acute Myeloid Leukemia (TCGA-LAML) | Hematopoietic Stem Cells (HSC) | MOLM13, THP1, NOMO-1, MONO-MAC-6, MA9.3ITD | Gain | 448 | 274 | 0 | 722 | |
| | | | Loss | 3 | 35 | 3 | 41 | |
| Liver Hepatocellular Carcinoma (TCGA-LIHC) | Liver | HepG2, Huh7, SMMC7721, HCCLM3 | Gain | 7416 | 2511 | 2 | 9929 | |
| | | | Loss | 18 | 1765 | 4 | 1787 | |
| Ovarian Serous Cystadenocarcinoma (TCGA-OV) | Ovary | PEO1 | Gain | 7022 | 531 | 0 | 7553 | |
| | | | Loss | 1350 | 1090 | 6 | 2446 | |
| Prostate Adenocarcinoma (TCGA-PRAD) | Prostate Gland | Cd-RWPE-1 | Gain | 3825 | 636 | 6 | 4467 | |
| | | | Loss | 550 | 288 | 2 | 840 | |
| Sarcoma (TCGA-SARC) | Soft Tissues | U20S | Gain | 3592 | 1324 | 4 | 4920 | |
| | | | Loss | 373 | 28 | 0 | 401 | |
| Skin Cutaneous Melanoma (TCGA-SKCM) | Skin | Mel624 | Gain | 79,470 | 17,177 | 118 | 96,765 | |
| | | | Loss | 6472 | 1559 | 2 | 8033 | |
| Stomach Adenocarcinoma (TCGA-STAD) | Stomach | BGC823 | Gain | 35,438 | 2202 | 34 | 37,674 | |
| | | | Loss | 1103 | 3313 | 27 | 4443 | |
| Uterine Corpus Endometrial Carcinoma (TCGA-UCEC) | Corpus Uteri | HEC-1-A | Gain | 80,712 | 38,242 | 266 | 119,220 | |
| | | | Loss | 7813 | 1828 | 22 | 9663 | |
| Lung Squamous Cell Carcinoma (TCGA-LUSC) | Lung | - | Gain | 31,106 | - | 118 | 31,224 | |
| | | | Loss | 2328 | - | 2 | 2330 | |
| Mesothelioma (TCGA-MESO) | Lung | - | Gain | 595 | - | 4 | 599 | |
| | | | Loss | 57 | - | 0 | 57 | |
| | Heart | | Gain | 674 | - | 5 | 679 | |
| | | | Loss | 102 | - | 0 | 102 | |
| | Brain Lower Grade Glioma (TCGA-LGG) | | Cerebrum | Gain | 6714 | - | 92 | 6806 |
| | | | | Loss | 1423 | - | 19 | 1442 |
| | | | Cerebellum | Gain | 6601 | - | 109 | 6710 |
| | | | | Loss | 1745 | - | 16 | 1761 |
| Hypothalamus | | Gain | 5010 | - | 77 | 5087 | | |
| | | Loss | 1698 | - | 11 | 1709 | | |
| Brainstem | Gain | 5740 | - | 114 | 5854 | | | |
| | Loss | 1528 | - | 13 | 1541 | | | |
| Kidney Chromophobe (TCGA-KICH) | Kidney | - | Gain | 484 | - | 9 | 493 | |
| | | | Loss | 9 | - | 0 | 9 | |
| Kidney Renal Papillary Cell Carcinoma (TCGA-KIRP) | Kidney | - | Gain | 4028 | - | 17 | 4045 | |
| | | | Loss | 118 | - | 0 | 118 | |
| Cholangiocarcinoma (TCGA-CHOL) | Liver | - | Gain | 728 | - | 2 | 730 | |
| | | | Loss | 166 | - | 2 | 168 | |
| Adrenocortical Carcinoma (TCGA-ACC) | Adrenal Gland | - | Gain | 2285 | - | 21 | 2306 | |
| | | | Loss | 385 | - | 3 | 388 | |
| Pheochromocytoma and Paraganglioma (TCGA-PCPG) | Adrenal Gland | - | Gain | 345 | - | 1 | 346 | |
| | | | Loss | 57 | - | 0 | 57 | |
| Rectum Adenocarcinoma (TCGA-READ) | Rectum | - | Gain | 12,433 | - | 100 | 12,533 | |
| | | | Loss | 1098 | - | 4 | 1102 | |
| Thymoma (TCGA-THYM) | Heart | - | Gain | 520 | - | 7 | 527 | |
| | | | Loss | 80 | - | 2 | 82 | |
| Testicular Germ Cell Tumors (TCGA-TGCT) | Testis | - | Gain | 405 | - | 3 | 408 | |
| | | | Loss | 109 | - | 0 | 109 | |
| Thyroid Carcinoma (TCGA-THCA) | Thyroid Gland | - | Gain | 992 | - | 6 | 998 | |
| | | | Loss | 156 | - | 0 | 156 | |
| Pancreatic Adenocarcinoma (TCGA-PAAD) | Pancreas | - | Gain | 6473 | - | 55 | 6528 | |
| | | | Loss | 1236 | - | 3 | 1239 | |
| Total | - | - | - | 463,792 | 122,473 | 1718 | 587,983 | |

Deciphering the tissue-specificity of cancer m⁶A variants

Of interest is whether m⁶A variants function in different cancer growing tissues. For this purpose, we calculated the proportion of m⁶A variants that function in different numbers of tissues, and the results suggested that most m⁶A-associated cancer variants are tissue- and cancer-specific (93.25%), while only around 1.17% are functional in the originating tissues of more than three types of cancers (Figure 4A). The consistency is much higher at gene level. Only around 16.59% of m⁶A variant carrying genes are associated with a single tissue. More than 60.29% were shared in more than three tissue types (Figure 4B), suggesting some common epitranscriptome layer circuitry at the gene level in different cancers. We further examined the proportion of shared m⁶A variant-carrying genes between two different tissues. As shown in Figure 4C, most tissues eg. skin and stomach have a strong correlation with each other. However, tissues like heart, testis and thyroid showed rather weak association with other tissues, which may suggest more tissue-specific epitranscriptome circuitry for cancers originating in those tissues.

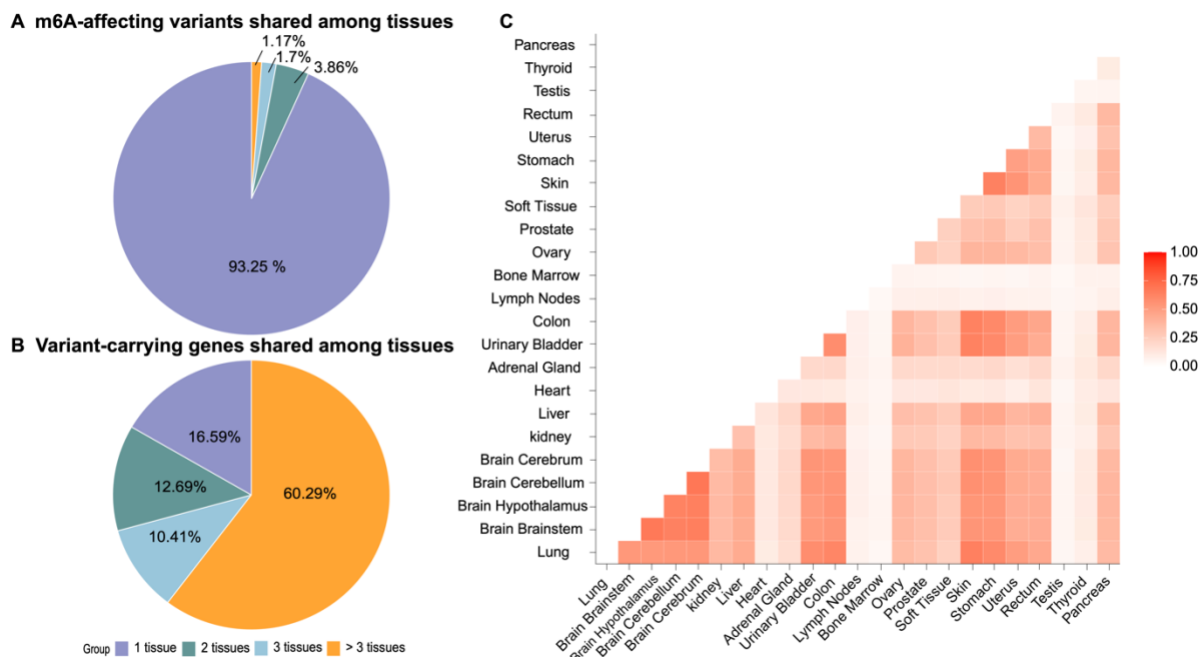


Figure 4. Tissue-specificity of cancer m⁶A variants. (A) The proportion of m⁶A variants that are shared among different tissues. Most m⁶A-associated variants (93.25%) were identified in only 1 tissue, with 3.86%, 1.7%, and 1.17% identified in 2, 3 and more than 3 tissues, respectively. (B) The proportion of m⁶A variant-carrying genes shared among tissues, the consistency is much higher at gene level. Most m⁶A variants-carrying genes are shared among multiple tissues, with only 16.59% being associated to one tissue type. (C) The pairwise association of tissues in terms of proportion of shared m⁶A variant carrying genes. Most tissues are significantly correlated. The exceptions are heart, adrenal gland, lymph nodes, bone marrow, testis and thyroid.

We finally identified the m⁶A variant-carrying genes that are associated with the most TCGA cancer types. Only experimentally validated m⁶A variants (medium confidence level and above) were considered here for a more reliable analysis. Top of the list was CENPF where variants may change its m⁶A methylation status in the primary tissue of 15 cancer types, followed by DST, MKI67 and PLEC, which were all related to 14 cancer types (detailed in Sheet S4). Among them, the roles in epitranscriptome regulation of CENPF, MKI67 and PLEC have been indicated previously in glioblastoma [94], breast cancer [95] and pancreatic cancer [96], respectively.

In m6A-CAVar, a somatic variant at chr3: 178952085 (A>T) on PIK3CA identified from TCGA-COAD project (TCGA barcode: TCGA-AA3821-01A-01W-0995-10) was predicted to erase the m⁶A methylation of a region (chr3: 178951888-178952363, positive strand). The m⁶A methylation was observed in human healthy colon, but disappeared in the colon adenocarcinoma cancer cell line HCT116 [101]. This somatic variant is also recorded in the COSMIC database from colon tumor samples under the legacy identifier of COSM776, and reported to be associated with 27 submitted interpretations and evidences in the ClinVar database [71], including PIK3CA related overgrowth spectrum (ClinVar accession: RCV000201235.1), breast adenocarcinoma (ClinVar accession: RCV000014629.5), and pancreatic adenocarcinoma (ClinVar accession: RCV000417557.1). Taken together these observations strongly support the functional importance of this variant. Additionally, the m⁶A-associated variant falls within the binding regions of two RNA binding proteins (TARDBP and NUDT21), whose interaction may be regulated by the loss of m⁶A methylation in the cancer condition, providing some putative downstream regulatory consequences of the variant.

Utility case study 2: PLEC variant in glioblastoma

Glioblastoma (GBM) is the most aggressive type of brain tumor and is associated with rising mortality. The roles of m⁶A regulators in this disease have been previously indicated [102-105]. A somatic cancer variant on PLEC was identified from the TCGA-GBM project (TCGA barcode: TCGA-06-5416-01A-01D-1486-08) at chr8: 144991388 (C>T). This cancer variant was predicted to lead to gain of a m⁶A site on a previously un-methylated region in healthy human cerebrum. Indeed, an m⁶A site was detected at this region from malignant glioblastoma tumor cell line U-251. This mutation has a record in ClinVar database (ClinVar accession: RCV000177727.1). Screening for potential post-transcriptional regulations revealed that the cancer variant falls within the target binding regions of six RNA binding proteins, including the m⁶A reader YTHDF1, which are known to bind m⁶A-containing RNAs and promote cancer stem cell properties of glioblastoma cells [106]. It should be of immediate interest to ask whether the methylation of PLEC regulates its interaction with YTHDF1 and other RBPs, and what the functional consequences are.

Utility case study 3: EGFR variant in lung cancer

The associations between m⁶A RNA modification and human lung cancers have been well studied. The m⁶A eraser FTO may be a prognostic factor in lung squamous cell carcinoma (TCGA-LUSC) [107], and the m⁶A writer METTL3 regulates EGFR expression to promote cell invasion of human lung cancer cells [82]. The m6A-CAVar database can be used to explore the role of m⁶A variants of EGFR in lung cancers. We first search by gene name 'EGFR' at the front page of m6A-CAVar database, then filter the results and keep only records related to lung tissue, which retains a total of 10 cancer m⁶A-associated variants from two lung cancer types (Figure 6A-B). Alternatively, the users can query all recorded m⁶A-associated variants that functions in lung tissue by simply clicking the relevant part from human body diagram (Figure 6C). More details can be accessed by clicking the variant ID. For example, if we check further the details of a m⁶A-gain variant from TCGA-LUAD project at chr7: 55259515 (T>G), we can see that this variant was recorded in the ClinVar database and is relevant to eight disease conditions including lung cancers (Figure 6D), which may suggest potential cancer pathogenesis originating in the epitranscriptome layer.

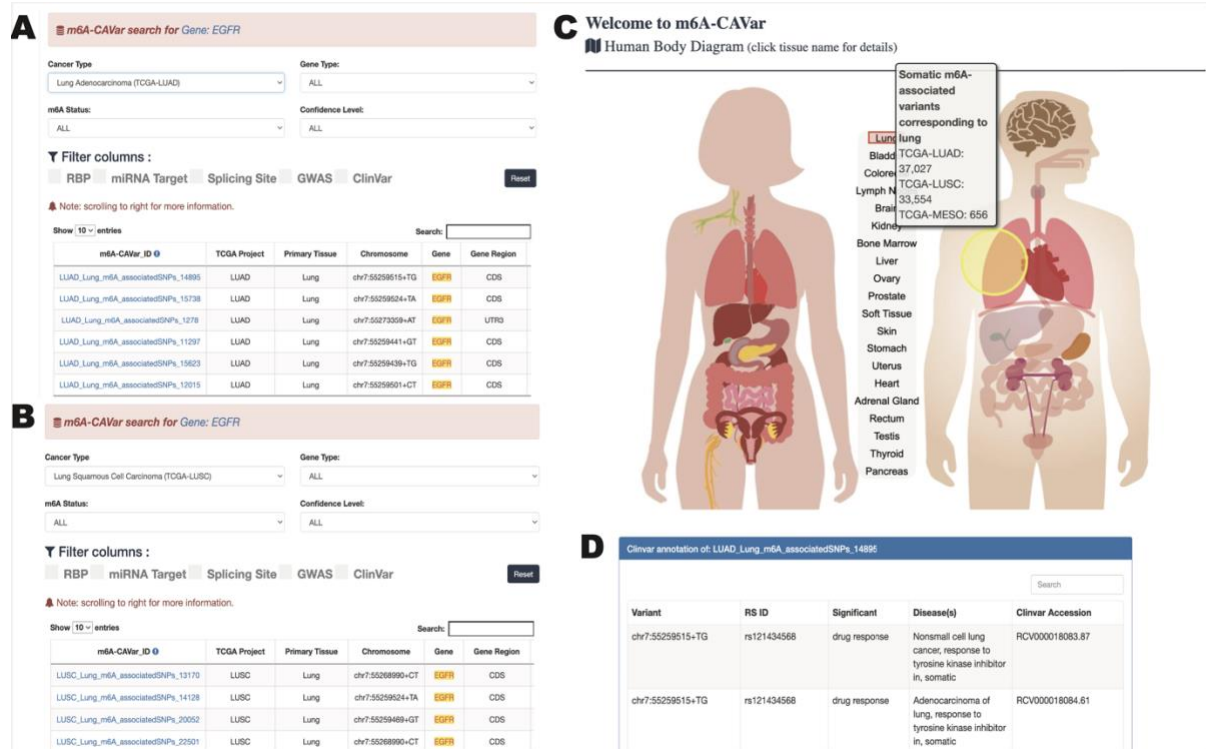


Figure 6. Case study on gene EGFR. (A and B) Searching for the gene ‘EGFR’ in m6A-CAVar database returns a total of 10 m⁶A variants, the details of which can be viewed by clicking the m6A-CAVar ID. (C) A human body map is provided at front page of m6A-CAVar website, which enables quick positioning of cancer m⁶A-associated variants functions at a specific tissue. (D) The disease and phenotype association of recorded m⁶A variant.

Discussion and perspectives

The context-specific expressions and functions of m⁶A regulations have been repeatedly reported in existing studies [59-63], suggesting the involvement of the tissue-specific m⁶A methylome in essential biological processes and multiple disease mechanisms. Besides, the associations between RNA methylation levels and the activities of RNA methylation regulators were clearly unveiled, reporting that there exist some condition-specific RNA co-methylation patterns (a group of RNA m⁶A methylation sites whose methylation levels go up and down together) [108-110]. These co-methylation patterns are enriched by the substrate targets of m⁶A regulators, and thus are probably regulated by specific m⁶A methyltransferase or demethylase.

Here we present m6A-TSHub, a comprehensive online platform for unveiling the context-specific m⁶A methylation and m⁶A-affecting mutations in 23 human tissues and 25 tumor conditions. In m⁶ATSHub, a total of 184,554 and 499,369 m⁶A sites derived from 23 human normal tissues and 25 matched tumor samples were collected (m6A-TSDB), from which some potential patterns for the tissue specific m⁶A modification sites were revealed (e.g., heart-enriched gene RYR2 and PXDNL, see Figure S2). Based on these collected data, 23 distinct m⁶A prediction models were built in tissue level, using deep neural networks (m6A-TSFinder). In addition, to elucidate the genetic factor of epitranscriptome dysregulation, m6A-CAVar identified a total of 587,983 cancer somatic mutations that may alter the m⁶A status in the corresponding cancer originating tissues, and annotated them with various functional annotations, including features relating to post-transcriptional regulations (RBP

binding regions, microRNA targets, splicing sites), disease and phenotype association, as well as other useful genomic information (transcript structure, phastCons, deleterious level) to provide a more comprehensive overview. We also provided a web server m6A-TSVar for assessing the effect of genetic variants on m6A methylation in a specific tissue.

While most of existing approaches for RNA modification site prediction ignore the tissue-specific signatures of m⁶A methylation, by taking advantage of existing tissue-specific epitranscriptome data our method can predict the m⁶A methylation within a specific tissue. Compared with exiting approaches for tissue-specific m⁶A methylation site prediction [64-66], our approach m6A-TSFinder achieved a higher prediction performance (see **Table 2**) and hugely expanded the number of supported tissue types from 3 to 23 (see Table 1).

Compared with existing approaches for decoding the epitranscriptome impact of genetic variants, m6A-CAVar has the following two major advantages. First, m6A-CAVar relies on a finer prediction model (m6A-TSFinder) that appreciates the specific pattern of RNA methylomes across different tissues. By directly learning from the epitranscriptome profiles in 23 healthy human tissues, m6A-CAVar was able to evaluate the tissue-specific impact of cancer somatic variants on m⁶A modification in their originating tissue, providing a more detailed picture of the genome-epitranscriptome association. This improves on existing approaches that ignore the distinct signatures of RNA methylation across different tissues and thus failed to address tissue-specific effects. Second, the predicted m⁶A dynamics in m6A-CAVar were systematically validated using available epitranscriptome datasets from the matched healthy and cancerous samples, providing another layer of quality assurance from real omics datasets. In contrast, existing approaches use those datasets only to provide the m⁶A site information without searching for potential evidence of m⁶A status switching.

To date, epitranscriptome data is still rather scarce. Due to the limited availability of datasets, matched healthy tissue and cancer m⁶A profiling samples are only available for 14 out of the total 27 cancer types, prohibiting a more thorough validation of the predicted results. Furthermore, substantial discrepancy has been observed among different RNA modification profiling approaches that can capture different technical bias [111-114], which can produce additional inaccuracy. Currently, context-specific epitranscriptome prediction is only possible for a small number of conditions (cell line, tissue type, treatment) with data [64-66]. However, the m6A-TSHub framework will be further expanded when epitranscriptome datasets are more abundantly available for a more comprehensive and less biased screening of context-specific m⁶A-variants, along with linking the tissue-specific epitranscriptome patterns with other important cancer-associated factors such as human aging [67, 115]. Particularly promising is the recent development in Nanopore direct RNA sequencing technology that enables simultaneous identification of multiple RNA modifications with simplified sample preparation procedures [116-124].

Data availability

The data underlying this article are available via www.xjtlu.edu.cn/biologicalsciences/m6ats, and in its online supplementary material. The online version of m6A-TSFinder and m6A-TSVar web server are available via www.xjtlu.edu.cn/biologicalsciences/m6ats by clicking ‘Tool’ section. The local version and project codes can be accessed on the ‘Download’ page.

CRediT author statement

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Competing interests

The authors declare that they have no competing interests.

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