



AperTO - Archivio Istituzionale Open Access dell'Università di Torino

New genetic loci link adipose and insulin biology to body fat distribution

This is a pre print version of the following article:
Original Citation:
Availability:
This version is available http://hdl.handle.net/2318/1562249 since 2017-10-24T15:27:02Z
Published version:
DOI:10.1038/nature14132
Terms of use:
Open Access
Anyone can freely access the full text of works made available as "Open Access". Works made available under a Creative Commons license can be used according to the terms and conditions of said license. Use of all other works requires consent of the right holder (author or publisher) if not exempted from copyright protection by the applicable law.

(Article begins on next page)

New genetic loci link adipose and insulin biology to body fat distribution

A full list of authors and affiliations appears at the end of the article.

These authors contributed equally to this work.

Abstract

Body fat distribution is a heritable trait and a well-established predictor of adverse metabolic outcomes, independent of overall adiposity. To increase our understanding of the genetic basis of body fat distribution and its molecular links to cardiometabolic traits, we conducted genome-wide association meta-analyses of waist and hip circumference-related traits in up to 224,459 individuals. We identified 49 loci (33 new) associated with waist-to-hip ratio adjusted for body mass index (WHRadjBMI) and an additional 19 loci newly associated with related waist and hip circumference measures (P<5×10–8). Twenty of the 49 WHRadjBMI loci showed significant sexual dimorphism, 19 of which displayed a stronger effect in women. The identified loci were enriched for genes expressed in adipose tissue and for putative regulatory elements in adipocytes. Pathway analyses implicated adipogenesis, angiogenesis, transcriptional regulation, and insulin resistance as processes affecting fat distribution, providing insight into potential pathophysiological mechanisms.

Depot-specific accumulation of fat, particularly in the central abdomen, confers an elevated risk of metabolic and cardiovascular diseases and mortality1. An easily accessible measure of body fat distribution is waist-to-hip ratio (WHR), a comparison of waist and hip circumferences. A larger WHR indicates more intra-abdominal fat deposition and is associated with higher risk for type 2 diabetes (T2D) and cardiovascular disease2,3. Conversely, a smaller WHR indicates greater gluteal fat accumulation and is associated with lower risk for T2D, hypertension, dyslipidemia, and mortality4-6. Our previous genome-wide association study (GWAS) meta-analyses have identified loci for WHR after adjusting for body mass index (WHRadjBMI)7,8. These loci are enriched for association with other metabolic traits7,8 and show that different fat distribution patterns can have distinct genetic components9,10.

To further elucidate the genetic architecture of fat distribution and to increase our understanding of molecular connections with cardiometabolic traits, we performed a meta-analysis of WHRadjBMI associations in 142,762 individuals with GWAS data and 81,697 individuals genotyped with the Metabochip11, all from the Genetic Investigation of ANthropometric Traits (GIANT) Consortium. Given the marked sexual dimorphism previously observed among established WHRadjBMI loci7,8, we performed analyses in men and women separately, the results of which were subsequently combined. To more fully characterize the genetic determinants of specific aspects of body fat distribution, we performed secondary GWAS meta-analyses for five additional traits: unadjusted WHR, BMI-adjusted and unadjusted waist

(WCadjBMI and WC) and hip circumferences (HIPadjBMI and HIP). We evaluated the associated loci to understand their contributions to variation in fat distribution and adipose tissue biology, and their molecular links to cardiometabolic traits.

RESULTS

New loci associated with WHRadjBMI

We performed meta-analyses of GWAS of WHRadjBMI in up to 142,762 individuals of European ancestry from 57 new or previously described GWAS7, and separately in up to an additional 67,326 European ancestry individuals from 44 Metabochip studies (Extended Data Fig. 1; Supplementary Tables 1-3). The combination of these two meta-analyses included up to 2,542,447 autosomal SNPs in up to 210,088 European ancestry individuals. We defined new loci based on genome-wide significant association (P<5 × 10–8 after genomic control correction at both the study-specific and meta-analytic levels) and distance (>500 kb) from previously established loci7,8.

We identified 49 loci for WHRadjBMI, 33 of which were new and 16 previously described7,8. Of these, a European ancestry sex-combined analysis identified 39 loci, 24 of which were new (Table 1, Supplementary Table 4, and Supplementary Figs. 1-3)7,8. European ancestry sex-specific analyses identified nine additional loci, eight of which were new and significant in women but not in men (all Pmen>0.05; Table 1, Supplementary Fig. 4). The addition of 14,371 individuals of non-European ancestry genotyped on Metabochip identified one additional locus in women (rs1534696, near SNX10, Pwomen=2.1×10–8, Pmen=0.26, Table 1, Supplementary Tables 1-3), with no evidence of heterogeneity across ancestries (Phet=0.86, Supplementary Note).

Genetic architecture of WHRadjBMI

To evaluate sexual dimorphism, we compared sex-specific effect size estimates of the 49 WHRadjBMI lead SNPs. The effect estimates were significantly different (Pdifference<0.05/49=0.001) at 20 SNPs, 19 of which showed larger effects in women (Table 1, Extended Data Fig. 2a), similar to previous findings7,8. The only SNP that showed a larger effect in men mapped near GDF5 (rs224333, β men=0.036 and P= $9.0 \times 10-12$, β women=0.009 and P=0.074, Pdifference= $6.4 \times 10-5$), a locus previously associated with height (rs6060369, r2=0.96 and rs143384, r2=0.96, 1000 Genomes Project CEU), though without significant differences between sexes12,13. Consistent with the larger number of loci identified in women, variance component analyses demonstrated a significantly larger heritability (h2) of WHRadjBMI in women than men in the Framingham Heart (h2women=0.46, h2men=0.19, Pdifference=0.0037) and TwinGene studies (h2women=0.56, h2men=0.32, Pdifference=0.001, Supplementary Table 5, Extended Data Fig. 2b).

To identify multiple association signals within observed loci, we performed approximate conditional analyses of the sex-combined and sex-specific summary statistics using GCTA14 (Supplementary Note). Multiple signals (P<5×10–8) were identified at nine loci (Extended Data Table 1). Fitting SNPs jointly identified different lead SNPs in the sex-specific and sex-combined analyses. For example, the MAP3K1-ANKRD55 locus showed near-independent (linkage disequilibrium (LD) r2<0.06) SNPs 54 kb apart that were significant only in women (rs3936510) or only in men (rs459193, Extended Data Table 1, Supplementary Table 4). Other signals are more complex. The TBX15-WARS2 locus showed different but correlated lead SNPs in men and women near WARS2 (r2=0.43), an independent signal near TBX15, and a distant independent signal near SPAG17 (Fig. 1). At the HOXC gene cluster, conditional analyses identified These

results suggest that association signals mapping to the same locus might act on different underlying genes and may not be relevant to the same sex.

We assessed the aggregate effects of the primary association signals at the 49 WHRadjBMI loci by calculating sex-combined and sex-specific risk based on genotypes of the lead SNPs. In a linear regression model, the risk scores were associated with WHRadjBMI, with a stronger effect in women than in men (overall effect per allele β =0.001, P=6.7×10–4, women β =0.002, P=1.0×10–11, men β =7.0×10–4, P=0.02, Extended Data Fig. 3, Supplementary Note). The 49 SNPs explained 1.4% of the variance in WHRadjBMI overall, and more in women (2.4%) than in men (0.8%) (Supplementary Table 6). Compared to the 16 previously reported loci7,8, the new loci almost doubled the explained variance in women and tripled that in men. We further estimated that the sex-combined variance explained by all HapMap SNPs15 (h2G) is 12.1% (SE=2.9%).

At 17 loci with high-density coverage on the Metabochip11, we used association summary statistics to define credible sets of SNPs with a high probability of containing a likely functional variant. The 99% credible sets at seven loci spanned <20 kb, and at HOXC13 included only a single noncoding SNP (Supplementary Table 7, Supplementary Fig. 5). Imputation up to higher density reference panels will provide greater coverage and may have more potential to localize functional variants.

WHRadjBMI variants and other traits

Given the epidemiological correlations between central obesity and other anthropometric and cardiometabolic measures and diseases, we evaluated lead WHRadjBMI variants in association data from GWAS consortia for 22 traits. Seventeen of the 49 variants were associated (P<5×10-8) with at least one of the traits: high-density lipoprotein cholesterol (HDL-C; n=7 SNPs), triglycerides (TG; n=5), low-density lipoprotein cholesterol (LDL-C; n=2), adiponectin adjusted for BMI (n=3), fasting insulin adjusted for BMI (n=2), T2D (n=1), and height (n=7) (Supplementary Tables 8-9). WHRadjBMI SNPs also showed enrichment for directional consistency among nominally significant (P<0.05) associations with these traits and also with fasting and 2-hour glucose, diastolic and systolic blood pressure (DBP, SBP), BMI and coronary artery disease (CAD) (Pbinomial<0.05/23=0.0022, Extended Data Table 2); these results were generally supported by meta-regression analysis of the regression coefficient-estimates (Supplementary Table 10). Furthermore, our WHRadjBMI loci overlap with associations reported in the NHGRI GWAS Catalog (Table 2, Supplementary Table 11)16, the strongest of which is the locus near LEKR1, which is associated (P=2.0×10-35) with birthweight17. Unsupervised hierarchical clustering of the corresponding matrix of association Z-scores showed three major clusters characterized by patterns of anthropometric and metabolic traits (Extended Data Fig. 4). These data extend knowledge about genetic links between WHRadjBMI and insulin resistance-related traits; whether this reflects underlying causal relations between WHRadjBMI and these traits, or pleiotropic loci, cannot be inferred from our data.

Potential functional WHRadjBMI variants

We next examined variants in LD with the WHRadjBMI lead SNPs (r2>0.7) for predicted effects on protein sequence, copy number, and cis-regulatory effects on expression (Table 2, Supplementary Tables 12-15, Supplementary Note). At 11 of the new loci, lead WHRadjBMI SNPs were in LD with cis-expression quantitative trait loci (eQTLs) for transcripts in subcutaneous adipose tissue, omental adipose tissue, liver, or blood cell types (Table 2, Supplementary Table 15). No additional sex-specific eQTLs were identified, perhaps reflecting limited power (Supplementary Table 16).

At the 11 WHRadjBMI loci harboring eQTLs, we compared the location of the candidate variants to regions of open chromatin (DNase I hypersensitivity and formaldehyde-assisted isolation of regulatory elements [FAIRE]) and histone modification enrichment (H3K4me1, H3K4me2, H3K4me3, H3K27ac, and H3K9ac) in adipose, liver, skeletal muscle, bone, brain, blood, and pancreatic islet tissues or cell lines (Supplementary Table 17). At seven of these 11 loci, at least one variant was located in a putative regulatory element in two or more datasets from the same tissue as the eQTL, suggesting that these elements may influence transcriptional activity (Supplementary Table 18). For example, at LEKR1, five variants in LD with the WHRadjBMI lead SNP are located in a 1.1 kb region with evidence of enhancer activity (H3K4me1 and H3K27ac) in adipose tissue (Extended Data Fig. 5a).

We also examined whether any variants overlapped with open chromatin or histone modifications from only one of the tested tissues, possibly reflecting tissue-specific regulatory elements (Supplementary Table 18). For example, five variants in a 2.2 kb region, located 77 kb upstream from a CALCRL transcription start site, overlapped with peaks in at least five datasets in endothelial cells (Extended Data Fig. 5b), suggesting that one or more of these variants may influence transcriptional activity. CALCRL, which is expressed in endothelial cells, is required for lipid absorption in the small intestine, and influences body weight in mice18. Other variants located in tissue-specific regulatory elements were detected at NMU for endothelial cells, at KLF13 and MEIS1 for liver, and at GORAB and MSC for bone (Supplementary Table 18).

Biological mechanisms

To identify potential functional connections between genes mapping to the 49 WHRadjBMI loci, we used three approaches (Supplementary Note). A survey of literature using GRAIL19 identified 15 genes with nominal significance (P<0.05) for potential functional connectivity (Table 2, Supplementary Table 19). The predefined gene set relationships across loci identified using MAGENTA20 highlighted signaling pathways involving vascular endothelial growth factor (VEGF), phosphatase and tensin (PTEN) homolog, the insulin receptor, and peroxisome proliferator-activated receptors (Supplementary Table 20). VEGF signaling plays a central, complex role in angiogenesis, insulin resistance, and obesity21, and PTEN signaling promotes insulin resistance22. Analyses using DEPICT23 facilitated prioritization of genes at associated loci, analyses of tissue specificity, and enrichment of reconstituted gene sets through integration of association results with expression data, protein-protein interactions, phenotypic data from gene knockout studies in mice, and predefined gene sets. DEPICT identified at least one prioritized gene (false discovery rate (FDR)<5%) at nine loci (Table 2, Supplementary Table 21) and identified 234 reconstituted gene sets (161 after pruning of overlapping gene sets) enriched for genes at WHRadjBMI loci. Among these we highlight biologically plausible gene sets suggesting roles in body fat regulation (including adiponectin signaling, insulin sensitivity, and regulation of glucose levels), skeletal growth, transcriptional regulation, and development (Fig. 2, Supplementary Table 22). We also note gene sets that are specific for abundance or development of metabolically active tissues including adipose, heart, liver, and muscle. Specific genes at the loci were significantly enriched (FDR<5%) for expression in adipocyte-related tissues, including abdominal subcutaneous fat (Fig. 2, Supplementary Table 23). Together, these analyses identified processes related to insulin and adipose biology and highlight mesenchymal tissues, especially adipose tissue, as important to WHRadjBMI. We also tested variants at the 49 WHRadjBMI loci for overlap with elements from 60 selected regulatory datasets from the ENCODE24 and Epigenomic RoadMap25 data and found evidence of enrichment in 12 datasets (P<0.05/60=8.3×10-4, Extended Data Table 3). The strongest enrichments were detected for datasets typically attributed to enhancer activity (H3K4me1 and H3K27ac) in adipose, muscle, endothelial cells, and bone, suggesting that variants may regulate transcription in these tissues. These

analyses point to mechanisms linking WHRadjBMI loci to regulation of gene expression in tissues highly relevant for adipocyte metabolism and insulin resistance.

We also reviewed functions of candidate genes located near new and previously established WHRadjBMI loci7,8, identifying genes involved in adipogenesis, angiogenesis, and transcriptional regulation (Table 2, literature review in the Supplementary Note). Adipogenesis candidate genes include CEBPA, PPARG, BMP2, HOXC/miR196, SPRY1, TBX15, and PEMT. Of these, CEBPA and PPARG are essential for white adipose tissue differentiation26, BMP2 induces differentiation of mesenchymal stem cells toward adipogenesis or osteogenesis27, and HOXC8 is a repressor of brown adipogenesis in mice that is regulated by miR-196a28, also located within the HOXC region (Fig. 1). Angiogenesis genes may influence expansion and loss of adipose tissue29; they include VEGFA, VEGFB, RSPO3, STAB1, WARS2, PLXND1, MEIS1, FGF2, SMAD6, and CALCRL. VEGFB is involved in endothelial targeting of lipids to peripheral tissues30, and PLXND1 limits blood vessel branching, antagonizes VEGF, and affects adipose inflammation31,32. Transcriptional regulators at WHRadjBMI loci include CEBPA, PPARG, MSC, SMAD6, HOXA, HOXC, ZBTB7B, JUND, KLF13, MEIS1, RFX7, NKX2-6, and HMGA1. Other candidate genes include NMU, FGFR4, and HMGA1, for which mice deficient for the corresponding genes exhibit obesity, glucose intolerance, and/or insulin resistance33-35.

Five additional central obesity traits

To determine whether the WHRadjBMI variants exert their effects primarily through WC or HIP and to identify loci that are not reported for WHRadjBMI, BMI, or height36,37, we performed association analyses for five additional traits: WCadjBMI, HIPadjBMI, WHR, WC, and HIP. Based on phenotypic data alone, WC and HIP are highly correlated with BMI (r=0.59-0.92), and WHR is highly correlated with WHRadjBMI (r=0.82-0.95), while WCadjBMI and HIPadjBMI are moderately correlated with height (r=0.24-0.63, Supplementary Table 24). In contrast to WHRadjBMI, which has almost no genetic correlation (see Methods) with height (rG<0.04, Extended Data Fig. 2c), WCadjBMI (rG=0.42) and HIPadjBMI (rG=0.82) have moderate genetic correlations with height. These data suggest that some, but not all, WCadjBMI and HIPadjBMI loci would be associated with height.

Across all meta-analyses, we identified an additional 19 loci associated with one of the five traits (P<5×10-8), nine of which showed significantly larger effects (Pdifference<0.05/19=0.003) in one sex than in the other (Table 3, Supplementary Figs. 1-4, Supplementary Table 25). Three of four new loci with larger effects in women were associated with HIPadjBMI and three of five new loci with larger effects in men were associated with WCadjBMI. Most of the 19 loci showed some evidence of association with WHRadjBMI in sex-combined or sex-specific analyses, but four loci showed no association (P>0.01) with WHRadjBMI, BMI, or height (Supplementary Tables 8, 26).

We next asked whether the genes and pathways influencing these five traits are shared with WHRadjBMI or are distinct. Candidate genes were identified based on association with other traits, eQTLs, GRAIL, and literature review (Extended Data Table 4, Supplementary Tables 8, 11-13, 15-16, 19). Candidate variants identified based on LD (r2>0.7) included coding variants in NTAN1 and HMGXB4, and six loci showed significant eQTLs in subcutaneous adipose tissue. Based on the literature, several candidate genes are involved in adipogenesis and insulin resistance. For example, delayed induction of preadipocyte transcription factor ZNF423 in fibroblasts results in delayed adipogenesis38, and NLRP3 is part of inflammasome and pro-inflammatory T-cell populations in adipose tissue that contribute to inflammation

and insulin resistance39. GRAIL analyses identified connections that partially overlap with those identified for WHRadjBMI (Supplementary Table 19). Taken together, the additional loci appear to function in processes similar to the WHRadjBMI loci. The identification of loci that are more strongly associated with WCadjBMI or HIPadjBMI than the other anthropometric traits suggests that the additional traits characterize aspects of central obesity and fat distribution that are not captured by WHRadjBMI or BMI alone.

DISCUSSION

These meta-analyses of GWAS and Metabochip data in up to 224,459 individuals identified additional loci associated with waist and hip circumference measures and help elucidate the role of common genetic variation in body fat distribution that is distinct from BMI and height. Our results emphasize the strong sexual dimorphism in the genetic regulation of fat distribution traits, a characteristic not observed for overall obesity as assessed by BMI36. Differences in body fat distribution between the sexes emerge in childhood, become more apparent during puberty40, and change with menopause, generally attributed to the influence of sex hormones41,42. At loci with stronger effects in one sex than the other, these hormones may interact with transcription factors to regulate gene activity.

Annotation of the loci emphasized the role for mesenchymally-derived tissues, especially adipose tissue, in fat distribution and central obesity. The development and regulation of adipose tissue deposition is closely associated with angiogenesis29, a process highlighted by candidate genes at several WHRadjBMI loci. These tissues are implicated in insulin resistance, consistent with the enrichment of shared GWAS signals with lipids, T2D, and glycemic traits. The identification of skeletal growth processes suggests that the underlying genes affect early development and/or differentiation of adipocytes from mesenchymal stem cells. In contrast, BMI has a significant neuronal component, involving processes such as appetite regulation36. Our results provide a foundation for future biological research in the regulation of body fat distribution and its connections with cardiometabolic traits, and offer potential target mechanisms for interventions in the risks associated with abdominal fat accumulation.

METHODS

Study overview

Our study included 224,459 individuals of European, East Asian, South Asian, and African American ancestry. The European ancestry arm included 142,762 individuals from 57 cohorts genotyped with genome-wide SNP arrays and 67,326 individuals from 44 cohorts genotyped with the Metabochip11 (Extended Data Fig. 1, Supplementary Table 1). The non-European ancestry arm comprised ~1,700 individuals from one cohort of East Asian ancestry, ~3,400 individuals from one cohort of South Asian ancestry, and ~9,200 individuals from six cohorts of African American ancestry, all genotyped with the Metabochip. There was no overlap between individuals genotyped with genome-wide SNP arrays and Metabochip. For each study, local institutional committees approved study protocols and confirmed that informed consent was obtained.

Traits

Our primary trait was WHRadjBMI, the ratio of waist and hip circumferences adjusted for age, age2, studyspecific covariates if necessary, and BMI. For each cohort, residuals were calculated for men and women separately and then transformed by the inverse standard normal function. Cohorts with related men and women provided inverse standard normal transformed sex-combined residuals. For each cohort, the same transformations were applied to other traits: (i) WHR without adjustment for BMI (WHR); (ii) waist circumference with (WCadjBMI) and without (WC) adjustment for BMI; and (iii) hip circumference with (HIPadjBMI) and without (HIP) adjustment for BMI.

European ancestry meta-analysis for genome-wide SNP array data

Sample and SNP quality control (QC) were undertaken within each cohort (Supplementary Table 3)44. The GWAS scaffold in each cohort was imputed up to CEU haplotypes from HapMap resulting in ~2.5 million SNPs. Each directly typed and imputed SNP passing QC was tested for association with each trait under an additive model in a linear regression framework (Supplementary Table 3).

SNP positions are reported based on NCBI Build 36. For each cohort, sex-specific association summary statistics were corrected for residual population structure using the genomic control inflation factor45 (median λ GC=1.01, range=0.99 – 1.08). SNPs were removed prior to meta-analysis if they had a minor allele count \leq 3, deviation from Hardy-Weinberg equilibrium exact P<10–6, directly genotyped SNP call rate<95%, or low imputation quality (below 0.3 for MACH, 0.4 for IMPUTE, and 0.8 for PLINK). Association summary statistics for each trait were combined via inverse-variance weighted fixed-effects meta-analysis and corrected for a second round of genomic control to account for structure between cohorts (Extended Data Fig. 1, Supplementary Fig. 1).

European ancestry meta-analysis for Metabochip data

Sample and SNP QC analyses were undertaken in each cohort (Supplementary Table 3). Each SNP passing QC was tested for association with each trait under an additive model using linear regression. The Metabochip array11 is enriched, by design, for loci associated with anthropometric and cardiometabolic traits, thus, we based our correction on 4,425 SNPs selected for inclusion based on associations with QT-interval that were not expected to be associated with anthropometric traits (>500 kb from variants on Metabochip46 for these traits). These study-specific inflation factors had a median λ GC=1.01(range 0.93–1.11), with only one study exceeding 1.10. After removing SNPs for QC as described in the previous section, association summary statistics were combined via inverse-variance weighted fixed-effects meta-analysis and corrected for a second round of genomic control on the basis of QT-interval SNPs to account for structure between cohorts.

European ancestry meta-analyses

Association summary statistics from the two parts of the European ancestry arm were combined via inverse-variance weighted fixed-effects meta-analysis using METAL47 with no further genomic control correction. Results were reported for SNPs with a sex-combined sample size≥50,000. The meta-analyses were repeated for men and women separately for each trait. Analyses were corrected for population structure within each sex. The meta-analysis of WHRadjBMI in men included up to 93,480 individuals, and in women up to 116,742 individuals.

Meta-analyses of studies of all ancestries

Sample and SNP QC, tests of association, genomic control correction (median λ GC=1.01, range=0.90–1.17, with only one study exceeding 1.10), and meta-analyses were performed as described above. Association summary statistics from the European and non-European ancestry meta-analyses were combined via inverse-variance weighted fixed-effects meta-analysis without further genomic control correction.

Heterogeneity

For each lead SNP, we tested for sex differences based on the sex-specific beta estimates and standard errors, while accounting for potential correlation between estimates as previously used in Randall et al10. Similarly, we tested for potential differences in effects between European and non-European samples, comparing the effects from GWAS+Metabochip data for Europeans and Metabochip data for non-Europeans, and we tested for differences between population-based studies and samples ascertained on diabetes status, and cardiovascular disease, or both. In assessing effects of ascertainment overall, we compared effects in seven subsets of our study sample using population-based studies (i.e., those not ascertained on any phenotype) as the referent population: 1) all studies ascertained on any phenotype, 2) T2D cases, 3) T2D controls, 4) T2D cases+controls, 5) CAD cases, 6) CAD controls, and 7) CAD cases+controls. We evaluated significance for heterogeneity tests within each comparison using a Bonferroni-corrected p-value of 0.05/49=0.05/49=1.02×10−3 as well as an FDR threshold48 of <5% (Supplementary Table 28). Between-study heterogeneity in all meta-analyses was assessed using 12 statistics49.

Heritability and genetic and phenotypic correlations of waist traits

We calculated the heritability and genetic correlations of several central obesity traits using variance component models50,51 in the Framingham Heart Study (FHS) and TWINGENE study. In this approach, the phenotypic variance is decomposed into additive genetic, non-additive genetic, and environmental sources of variation (including model error), and for sets of traits, the covariances between traits. We report narrow sense heritability (h2), the ratio of the additive genetic variance to the total phenotypic variance. Sexspecific inverse normal trait residuals, adjusted for age (and cohort in FHS), were used to estimate heritability separately in men and women, using variance components analysis in SOLARv.4.2.752 (FHS) or M×1.70353 (TWINGENE). Additionally, the sex-specific residuals were used to conduct bivariate quantitative variance component genetic analyses that calculate genetic and environmental correlations between traits. The genetic correlations obtained are estimates of the additive effects of shared genes, and a genetic correlation significantly different from zero suggests a direct influence of the same genes on more than one trait. Similarly, significant environmental correlations suggest shared environmental effects.

We estimated sex-stratified correlations between all waist traits, as well as BMI, height, and weight in TWINGENE, FHS, KORA, and EGCUT. In TWINGENE and FHS, age-adjusted Pearson correlations were used; in EGCUT and KORA, correlations were adjusted for age and age2.

European ancestry approximate conditional analyses

To evaluate the evidence for multiple association signals within identified loci, we performed approximate conditional analyses of sex-combined, women-specific, and men-specific data as implemented in the GCTA software14,54. This approach makes use of association summary statistics from the combined European ancestry meta-analysis and a reference dataset of individual-level genotype data to estimate LD between variants and hence also the approximate correlation between allelic effect estimates in a joint association model.

To evaluate robustness of the GCTA results, we performed analyses using two reference datasets: Prospective Investigation of the Vasculature in Uppsala Seniors (PIVUS) consisting of 949 individuals from Uppsala County, Sweden with both GWAS and Metabochip genotype data; and Atherosclerosis Risk in Communities (ARIC) consisting of 6,654 individuals of European descent from four communities in the USA with GWAS data. Both GWAS datasets were imputed using data from Phase II of the International HapMap Project55. Results shown use the PIVUS reference dataset because Metabochip genotypes are available (see a comparison in the Supplementary Note). Assuming that the LD correlations between SNPs more than 10 Mb away are zero, and using each reference dataset in turn, we performed a genome-wide stepwise selection procedure to select associated SNPs one-by-one at a P value<5×10–8. For each locus at which multiple association signals were observed in the sex-combined, women-, and/or men-specific data, the SNPs selected by GCTA as independently associated with WHRadjBMI in any of the three meta-analyses are reported, with the SNP identified in the sex-combined analysis taken by default when proxies are identified in the women- and/or men-specific analyses. For SNPs not selected by a particular joint conditional analysis, but identified by either of the other two analyses, summary statistics were calculated for association analysis of the SNP conditioned on the GCTA-selected SNP(s).

Genetic risk score

We calculated a genetic risk score for each individual in the population-based KORA study (1,670 men and 1,750 women) using the 49 identified variants, weighted by the allelic effect from the European ancestry meta-analyses of WHRadjBMI. Sex-combined scores were computed on the basis of the sex-combined meta-analysis. Sex-stratified scores were calculated on the basis of men- and women-specific meta-analyses, where SNPs not achieving nominal significance in the respective sex (P≥0.05) were excluded. For each individual, the sex-combined and sex-stratified risk scores were rounded to the nearest integer for plotting. Risk scores were then tested for association with WHRadjBMI using linear regression.

Explained variance

We calculated the variance explained by a single SNP as:

$2 \cdot MAF \cdot (1 - MAF) \cdot \beta_2 Var(Y)$

where MAF is the minor allele frequency, β is the SNP effect estimate computed by meta-analysis, and Var(Y) is the variance of the phenotype Y as it went into the study-specific association testing. To derive the total variance explained by a set of independent SNPs, we computed the sum of single-SNP explained variances under the assumption of independent contributions.

To estimate the polygenic variance explained by all HapMap SNPs, we used the all-SNP estimation approach implemented in GCTA and analysed individuals in the ARIC and TwinGene cohorts, including the first 20 principal components as fixed covariates. After removing one of each pair of individuals with estimated genetic relatedness>0.025, 11,898 unrelated individuals with WHRadjBMI were available.

Fine-mapping analyses

We considered each identified locus, defined as 500 kb upstream and downstream of the lead SNP, and computed 95% credible intervals using a Bayesian approach. On the basis of association summary statistics from the European ancestry, non-European ancestry, or all ancestries sex-combined meta-analyses, we calculated an approximate Bayes' factor56 in favor of association, given by:

 $BF_{j=1}-R_{j}-\cdots-\sqrt{\exp(-R_{j\beta_{2j}2\sigma_{2j}})}$

where β j is the allelic effect of the jth SNP, with corresponding standard error σ j, and Rj=0.04/(σ 2j+0.04), which incorporates a N(0,0.22) prior for β j. This prior gives high probability to small effect sizes, and only small probability to large effect sizes. We then calculated the posterior probability that the jth SNP is causal by:

$$\varphi_j = BF_j \Sigma_k BF_k$$

where the summation in the denominator is over all SNPs passing QC across the locus. We compared the meta-analysis results and credible sets of SNPs likely to contain the causal variant as described57. Assuming a single causal variant at each locus, a 95% credible set of variants was then constructed by: (i) ranking all SNPs according to their Bayes' factor; and (ii) combining ranked SNPs until their cumulative posterior probability exceeded 0.95. For each locus, we calculated the number of SNPs contained within the 95% credible sets, and the length of the genomic interval covered by these SNPs.

Comparison of loci across traits

To determine whether the identified loci were also associated with any of 22 cardio-metabolic traits, we obtained association data from meta-analysis consortia DIAGRAM (T2D)58, CARDIoGRAM-C4D (CAD)59, ICBP (SBP, DBP)60, GIANT (BMI, height)36,37, GLGC (HDL, LDL, and TG)61, MAGIC (fasting glucose, fasting insulin, fasting insulin adjusted for BMI, and two-hour glucose)62-64, ADIPOGen (BMI-adjusted adiponectin)65, CKDgen (urine albumin-to-creatinine ratio (UACR), estimated glomerular filtration rate (eGFR), and overall CKD)66,67, ReproGen (age at menarche, age at menopause)68,69, and GEFOS (bone mineral density)70; others provided association data for IgA nephropathy71 (also Kiryluk K, Choi M, Lifton RP, Gharavi AG, unpublished data) and for endometriosis (stage B cases only)72. Proxies (r2>0.80 in CEU) were used when an index SNP was unavailable.

We also searched the National Human Genome Research Institute (NHGRI) GWAS Catalog for previous SNPtrait associations near our lead SNPs73. We supplemented the catalog with additional genome-wide significant SNP-trait associations from the literature13,70,74-80. We used PLINK to identify SNPs within 500 kb of lead SNPs using 1000 Genomes Project Pilot I genotype data and LD (r2) values from CEU81,82; for rs7759742, HapMap release 22 CEU data81,83 were used. All SNPs within the specified regions were compared with the NHGRI GWAS Catalog16.

Enrichment of concordant cross-trait associations and effects

To evaluate whether the alleles associated with increased WHRadjBMI at the 49 identified SNPs convey effects for any of the 22 cardiometabolic traits, we conducted meta-regression analyses of the beta-estimates on these metabolic outcomes from other consortia with the beta-estimates for WHRadjBMI in our data65.

Based on the association data across traits, we generated a matrix of Z-scores by dividing the association betas for each of the 49 WHRadjBMI SNPs for each of 22 traits by their respective standard errors. The traits did not include WHRadjBMI or nephropathy in Chinese subjects, but did include HIPadjBMI and WCadjBMI. Each Z-score was made positive if the original trait-increasing allele also increased the look-up trait and negative if not. Missing associations with were assigned a value of zero. We performed unsupervised hierarchical clustering of the Z score matrix in R using the default settings of the "heatplot" function from the made4 library (version 1.20.0), agglomerating clusters using average linkage and Pearson correlation metric distance. The rows and columns of matrix values were each automatically scaled to range from 3 to -3. Confidence in the hierarchical clustering was assessed by bootstrap analysis (10,000 resamplings) using the R package "pvclust"84.

Identification of candidate functional variants. The 1000 Genomes CEU pilot data were queried for SNPs within 500 kb and in LD (r2>0.7, an arbitrary threshold) with any index SNP. All identified variants were then annotated based on RefSeq transcripts using Annovar to identify potential nonsynonymous variants near identified association signals. The distance between each variant and the nearest transcription start site were calculated using gene annotations from GENCODE (v.12).

To investigate whether SNPs in LD with index SNPs are also in LD with common copy number variants (CNVs), we extracted waist trait association results for a list of SNP proxies that are in high LD (r2>0.8, CEU) with CNVs in European populations as described previously7. Altogether 6,200 CNV-tagging SNPs were used, which are estimated collectively to capture>40% of CNVs>1 kb in size.

Expression quantitative trait loci (eQTLs). We examined our lead SNPs in eQTL datasets from several sources (Supplementary Note) for cis effects significant at P<10–5. We then checked if the trait-associated SNP also had the strongest association with the expression level of its corresponding transcript. If not, we identified a nearby SNP that had a stronger association with expression (peak transcript SNP) of that transcript. To check whether effects of the peak transcript SNP and waist trait-associated SNP and transcript level when the peak transcript-associated SNP was also included in the model, and vice versa. If the association for the expression-associated SNP was not significant (P>0.05) when conditioned on the waist-associated SNP, we concluded that the waist-associated SNP is likely to explain a substantial proportion of the variance in gene transcript levels in the region. For SNPs that passed these criteria in either women or men eQTL datasets from deCODE, we investigated sex heterogeneity in gene transcript levels for whole blood (312 men, 435 women) and subcutaneous adipose tissue (252 men, 351 women) based on the sex-specific beta estimates and standard errors, while accounting for potential correlation between the sex-specific associations8.

Epigenomic regulatory element overlap with individual variants. We examined overlap of regulatory elements with the 68 trait-associated variants and variants in LD with them (r2>0.7, 1000 Genomes Phase 1 version 2 EUR85), totaling 1,547 variants. We obtained regulatory element data sets from the ENCODE Consortium24 and Roadmap Epigenomics Project25 corresponding to eight tissues selected based on a current understanding of WHRadjBMI pathways. The 226 regulatory element datasets included experimentally identified regions of open chromatin (DNase-seq, FAIRE-seq), histone modification (H3K4me1, H3K27ac, H3K4me3, H3K9ac, and H3K4me2), and transcription factor binding (Supplementary Table 17). When available, we downloaded data processed during the ENCODE Integrative Analysis24. We processed Roadmap Epigenomics sequencing data with multiple biological replicates using MACS286 and the same Irreproducible Discovery Rate pipeline used in the ENCODE Integrative Analysis. Roadmap Epigenomics data with only a single replicate was processed using MACS2 alone.

Global enrichment of WHRadjBMI-associated loci in epigenomic datasets. We performed permutationbased tests in a subset of 60 open chromatin (DNase-seq) and histone modification (H3K27ac, H3K4me1, H3K4me3, H3K9ac) datasets to identify global enrichment of the WHRadjBMI-associated loci. We matched the index SNP at each locus with 500 variants having no evidence of association (P>0.5, ~1.2 million total variants) with a similar distance to the nearest gene (±11,655 bp), number of variants in LD (±8 variants), and minor allele frequency. Using these pools, we created 10,000 sets of control variants for each of the 49 loci and identified variants in LD (r2>0.7) and within 1 Mb. For each SNP set, we calculated the number of loci with at least one variant located in a regulatory region under the assumption that one regulatory variant is responsible for each association signal. We initially calculated an enrichment P value by finding the proportion of control sets for which as many or more loci overlap a regulatory element than the set of associated loci. For increased P value accuracy, we estimated the P value assuming a sum of binomial distributions to represent the number of index SNPs or their LD proxies that overlap a regulatory dataset compared to the 500 matched control sets.

GRAIL. Gene Relationships Among Implicated Loci (GRAIL)19 is a text-mining algorithm that evaluates the degree of relatedness among genes within trait regions. Using PubMed abstracts, a subset of genes enriched for relatedness and a set of keywords that suggest putative pathways are identified. To avoid potential bias from papers investigating candidate genes stimulated by GWAS, we restricted our search to abstracts published prior to 2006. We tested for enrichment of connectivity in the independent SNPs that were significant in our study at P<10–5.

MAGENTA. To investigate if pathways including predefined sets of genes were enriched in the lower part of the gene P value distribution for WHRadjBMI, we performed a pathway analysis using Magenta 2.420 and SNPs present in both the Metabochip and GWAS meta-analyses. SNPs were assigned to a gene if within 110 kb upstream or 40 kb downstream of the transcript's boundaries. The most significant SNP P value within this interval was adjusted for putative confounders (gene size, number of SNPs in a gene, LD pattern) using stepwise linear regression, creating a gene association score. If the same SNP was assigned to multiple genes, only the gene with the lowest gene score was kept. The HLA region was removed from further analyses due to its high LD structure and gene density. Each gene was then assigned pathway terms using Gene Ontology (GO), PANTHER, Ingenuity and Kyoto Encyclopedia of Genes and Genomes (KEGG)87-90. Finally, the genes were ranked based on their gene association score, and a modified gene-set enrichment analysis (GSEA) using MAGENTA was performed. This analysis tested for enrichment of gene association score ranks above a given rank cutoff (including 5% of all genes) in a gene-set belonging to a predefined pathway term, compared to multiple, equally sized gene-sets that were randomly sampled from all genes in the genome. 10,000-1,000,000 gene-set permutations were performed.

Data-driven Expression-Prioritized Integration for Complex Traits (DEPICT). This method is described in detail elsewhere23,36. Briefly, DEPICT uses gene expression data derived from a panel of 77,840 expression arrays91, 5,984 molecular pathways (based on 169,810 high-confidence experimentally-derived proteinprotein interactions92), 2,473 phenotypic gene sets (based on 211,882 gene-phenotype pairs from the Mouse Genetics Initiative93), 737 Reactome pathways94, 184 KEGG pathways95, and 5,083 GO terms19. DEPICT uses the expression data to reconstitute the protein-protein interaction gene sets, mouse phenotype gene sets, Reactome pathway gene sets, KEGG pathway gene sets, and GO term gene sets. To avoid biasing the identification of genes and pathways covered by SNPs on the Metabochip, analyses were restricted to GWAS cohort data and included 226 WHRadjBMI SNPs in 78 non-overlapping loci with sexcombined P<10-5. We used DEPICT to map genes to associated WHRadjBMI loci, which then allowed us to (1) systematically identify the most likely causal gene(s) in a given associated region, (2) identify reconstituted gene sets that were enriched in genes from associated regions, and (3) identify tissue and cell type annotations in which genes from associated regions were highly expressed. Associated regions were defined by all genes residing within LD (r2>0.5) distance of the WHRadjBMI-associated index SNPs. Overlapping regions were merged, and SNPs that mapped near to or within the HLA region were excluded. The 93 WHRadjBMI SNPs with P<10–5 (clumping thresholds: HapMap release 27 CEU r2=0.01, 500 kb)

resulted in 78 non-overlapping regions. GWAS+Metabochip index SNPs were annotated with DEPICTprioritized genes if the DEPICT (GWAS-only) SNP was located within 500 kb. To mark related gene sets, we first quantified significant gene sets' pairwise overlap using a non-probabilistic version of the reconstituted gene sets and the Jaccard index measure. Groups of gene sets with mutual Jaccard indices >0.25 were subsequently referred to as meta gene sets and named by the most significant gene set in the group (Supplementary Table 18 and Fig. 2a). In Figures 2a-b, gene sets with similarities between 0.1-0.25 were connected by an edge that was scaled according to degree of similarity. The Cytoscape tool was used to construct parts of Figure 296. In Figure 2c, we show the significance of all cell type annotations and annotations that were categorized as "Tissues" at the outermost level of the Medical Subject Heading ontology.

Acknowledgments

We thank the more than 224,000 volunteers who participated in this study. Detailed acknowledgment of funding sources is provided in the Supplementary Note.

REFERENCES

1. Pischon T, et al. General and abdominal adiposity and risk of death in Europe. N. Engl. J. Med. 2008;359:2105–2120. [PubMed]

2. Wang Y, Rimm EB, Stampfer MJ, Willett WC, Hu FB. Comparison of abdominal adiposity and overall obesity in predicting risk of type 2 diabetes among men. Am. J. Clin. Nutr. 2005;81:555–563. [PubMed]

3. Canoy D. Distribution of body fat and risk of coronary heart disease in men and women. Curr. Opin. Cardiol. 2008;23:591–598. [PubMed]

4. Snijder MB, et al. Associations of hip and thigh circumferences independent of waist circumference with the incidence of type 2 diabetes: the Hoorn Study. Am. J. Clin. Nutr. 2003;77:1192–1197. [PubMed]

5. Yusuf S, et al. Obesity and the risk of myocardial infarction in 27,000 participants from 52 countries: a case-control study. Lancet. 2005;366:1640–1649. [PubMed]

6. Mason C, Craig CL, Katzmarzyk PT. Influence of central and extremity circumferences on all-cause mortality in men and women. Obesity (Silver Spring) 2008;16:2690–2695. [PubMed]

7. Heid IM, et al. Meta-analysis identifies 13 new loci associated with waist-hip ratio and reveals sexual dimorphism in the genetic basis of fat distribution. Nat. Genet. 2010;42:949–960. [PMC free article] [PubMed]

8. Randall JC, et al. Sex-stratified genome-wide association studies including 270,000 individuals show sexual dimorphism in genetic loci for anthropometric traits. PLoS Genet. 2013;9:e1003500. [PMC free article] [PubMed]

9. Fox CS, et al. Genome-wide association of pericardial fat identifies a unique locus for ectopic fat. PLoS Genet. 2012;8:e1002705. [PMC free article] [PubMed]

10. Fox CS, et al. Genome-wide association for abdominal subcutaneous and visceral adipose reveals a novel locus for visceral fat in women. PLoS Genet. 2012;8:e1002695. [PMC free article] [PubMed]

11. Voight BF, et al. The metabochip, a custom genotyping array for genetic studies of metabolic, cardiovascular, and anthropometric traits. PLoS Genet. 2012;8:e1002793. [PMC free article] [PubMed]

12. Sanna S, et al. Common variants in the GDF5-UQCC region are associated with variation in human height. Nat. Genet. 2008;40:198–203. [PMC free article] [PubMed]

13. Lango Allen H, et al. Hundreds of variants clustered in genomic loci and biological pathways affect human height. Nature. 2010;467:832–838. [PMC free article] [PubMed]

14. Yang J, et al. Conditional and joint multiple-SNP analysis of GWAS summary statistics identifies additional variants influencing complex traits. Nat. Genet. 2012;44:369–375. [PMC free article] [PubMed]

15. Yang J, et al. Common SNPs explain a large proportion of the heritability for human height. Nat. Genet. 2010;42:565–569. [PMC free article] [PubMed]

16. Hindorff LA, et al. [Accessed 31 Jan 2013];A Catalog of Published Genome-Wide Association Studies. Available at http://www.genome.gov/gwastudies.

17. Freathy RM, et al. Variants in ADCY5 and near CCNL1 are associated with fetal growth and birth weight. Nat. Genet. 2010;42:430–435. [PMC free article] [PubMed]

18. Hoopes SL, Willcockson HH, Caron KM. Characteristics of multi-organ lymphangiectasia resulting from temporal deletion of calcitonin receptor-like receptor in adult mice. PLoS ONE. 2012;7:e45261. [PMC free article] [PubMed]

19. Raychaudhuri S, et al. Identifying relationships among genomic disease regions: predicting genes at pathogenic SNP associations and rare deletions. PLoS Genet. 2009;5:e1000534. [PMC free article] [PubMed]

20. Segre AV, Groop L, Mootha VK, Daly MJ, Altshuler D. Common inherited variation in mitochondrial genes is not enriched for associations with type 2 diabetes or related glycemic traits. PLoS Genet. 2010;6:e1001058. [PMC free article] [PubMed]

21. Elias I, Franckhauser S, Bosch F. New insights into adipose tissue VEGF-A actions in the control of obesity and insulin resistance. Adipocyte. 2013;2:109–112. [PMC free article] [PubMed]

22. Pal A, et al. PTEN mutations as a cause of constitutive insulin sensitivity and obesity. N. Engl. J. Med. 2012;367:1002–1011. [PMC free article] [PubMed]

23. Pers T, et al. Biological interpretation of genome-wide association studies using predicted gene functions. 2014. Submitted. [PMC free article] [PubMed]

24. ENCODE Project Consortium An integrated encyclopedia of DNA elements in the human genome. Nature. 2012;489:57–74. [PMC free article] [PubMed]

25. Bernstein BE, et al. The NIH Roadmap Epigenomics Mapping Consortium Nat. Biotechnol. 2010;28:1045–1048. [PMC free article] [PubMed]

26. Nakagami H. The mechanism of white and brown adipocyte differentiation. Diabetes Metab J. 2013;37:85–90. [PMC free article] [PubMed]

27. Li H, et al. miR-17-5p and miR-106a are involved in the balance between osteogenic and adipogenic differentiation of adipose-derived mesenchymal stem cells. Stem Cell Res. 2013;10:313–324. [PubMed]

28. Mori M, Nakagami H, Rodriguez-Araujo G, Nimura K, Kaneda Y. Essential role for miR-196a in brown adipogenesis of white fat progenitor cells. PLoS Biol. 2012;10:e1001314. [PMC free article] [PubMed]

29. Cao Y. Angiogenesis and vascular functions in modulation of obesity, adipose metabolism, and insulin sensitivity. Cell Metab. 2013;18:478–489. [PubMed]

30. Hagberg CE, et al. Vascular endothelial growth factor B controls endothelial fatty acid uptake. Nature. 2010;464:917–921. [PubMed]

31. Zygmunt T, et al. Semaphorin-PlexinD1 signaling limits angiogenic potential via the VEGF decoy receptor sFlt1. Dev. Cell. 2011;21:301–314. [PMC free article] [PubMed]

32. Shimizu I, et al. Semaphorin3E-Induced Inflammation Contributes to Insulin Resistance in Dietary Obesity. Cell Metab. 2013;18:491–504. [PubMed]

33. Hanada R, et al. Neuromedin U has a novel anorexigenic effect independent of the leptin signaling pathway. Nat. Med. 2004;10:1067–1073. [PubMed]

34. Huang X, et al. FGFR4 prevents hyperlipidemia and insulin resistance but underlies high-fat diet induced fatty liver. Diabetes. 2007;56:2501–2510. [PubMed]

35. Foti D, et al. Lack of the architectural factor HMGA1 causes insulin resistance and diabetes in humans and mice. Nat. Med. 2005;11:765–773. [PubMed]

36. Locke AE, et al. Genetic studies of body mass index yield new insights for obesity biology. Nature. 2014 Accompanying manuscript. [PMC free article] [PubMed]

37. Wood AR, et al. Defining the role of common variation in the genomic and biological architecture of adult human height. Nat. Genet. 2014 In press. [PMC free article] [PubMed]

38. Jaager K, Neuman T. Human dermal fibroblasts exhibit delayed adipogenic differentiation compared with mesenchymal stem cells. Stem Cells Dev. 2011;20:1327–1336. [PubMed]

39. Goossens GH, et al. Expression of NLRP3 inflammasome and T cell population markers in adipose tissue are associated with insulin resistance and impaired glucose metabolism in humans. Mol. Immunol. 2012;50:142–149. [PubMed]

40. Maynard LM, et al. Childhood body composition in relation to body mass index. Pediatrics. 2001;107:344–350. [PubMed]

41. Wells JC. Sexual dimorphism of body composition. Best Pract. Res. Clin. Endocrinol. Metab. 2007;21:415–430. [PubMed]

42. Lovejoy JC, Champagne CM, de Jonge L, Xie H, Smith SR. Increased visceral fat and decreased energy expenditure during the menopausal transition. Int. J. Obes. 2008;32:949–958. [PMC free article] [PubMed]

43. Okada Y, et al. A genome-wide association study in 19,633 Japanese subjects identified LHX3-QSOX2 and IGF1 as adult height loci. Hum. Mol. Genet. 2010;19:2303–2312. [PubMed]

44. Winkler TW, et al. Quality control and conduct of genome-wide association meta-analyses. Nat. Protoc. 2014;9:1192–1212. [PMC free article] [PubMed]

45. Devlin B, Roeder K. Genomic control for association studies. Biometrics. 1999;55:997–1004. [PubMed]

46. Buyske S, et al. Evaluation of the metabochip genotyping array in African Americans and implications for fine mapping of GWAS-identified loci: the PAGE study. PLoS ONE. 2012;7:e35651. [PMC free article] [PubMed]

47. Willer CJ, Li Y, Abecasis GR. METAL: fast and efficient meta-analysis of genomewide association scans. Bioinformatics. 2010;26:2190–2191. [PMC free article] [PubMed]

48. Benjamini Y, Hochberg Y. Controlling the false discovery rate: a practical and powerful approach to multiple testing. J R Stat Soc Series B Stat Methodol. 1995;57:289–300.

49. Higgins JP, Thompson SG. Quantifying heterogeneity in a meta-analysis. Stat. Med. 2002;21:1539–1558. [PubMed]

50. Neale MC, Cardon LR, North Atlantic Treaty Organization . Methodology for genetic studies of twins and families. Kluwer Academic Publishers; 1992. Scientific Affairs Division.

51. Falconer DS. Introduction to Quantitative Genetics. 3rd edn Oliver and Boyd; 1990.

52. Almasy L, Blangero J. Multipoint quantitative-trait linkage analysis in general pedigrees. Am. J. Hum. Genet. 1998;62:1198–1211. [PMC free article] [PubMed]

53. Neale MC. MX: Statistical Modeling. 4th edn Department of Psychiatry, Medical College of Virginia; 1997.

54. Yang J, Lee SH, Goddard ME, Visscher PM. GCTA: a tool for genome-wide complex trait analysis. Am. J. Hum. Genet. 2011;88:76–82. [PMC free article] [PubMed]

55. Frazer KA, et al. A second generation human haplotype map of over 3.1 million SNPs. Nature. 2007;449:851–861. [PMC free article] [PubMed]

56. Wakefield J. A Bayesian measure of the probability of false discovery in genetic epidemiology studies. Am. J. Hum. Genet. 2007;81:208–227. [PMC free article] [PubMed]

57. Wellcome Trust Case Control Consortium Bayesian refinement of association signals for 14 loci in 3 common diseases. Nat. Genet. 2012;44:1294–1301. [PMC free article] [PubMed]

58. Morris AP, et al. Large-scale association analysis provides insights into the genetic architecture and pathophysiology of type 2 diabetes. Nat. Genet. 2012;44:981–990. [PMC free article] [PubMed]

59. Deloukas P, et al. Large-scale association analysis identifies new risk loci for coronary artery disease. Nat. Genet. 2013;45:25–33. [PMC free article] [PubMed]

60. Ehret GB, et al. Genetic variants in novel pathways influence blood pressure and cardiovascular disease risk. Nature. 2011;478:103–109. [PMC free article] [PubMed]

61. Global Lipids Genetics Consortium Discovery and refinement of loci associated with lipid levels. Nat. Genet. 2013;45:1274–1283. [PMC free article] [PubMed]

62. Scott RA, et al. Large-scale association analyses identify new loci influencing glycemic traits and provide insight into the underlying biological pathways. Nat. Genet. 2012;44:991–1005. [PMC free article] [PubMed]

63. Manning AK, et al. A genome-wide approach accounting for body mass index identifies genetic variants influencing fasting glycemic traits and insulin resistance. Nat. Genet. 2012;44:659–669. [PMC free article] [PubMed]

64. Saxena R, et al. Genetic variation in GIPR influences the glucose and insulin responses to an oral glucose challenge. Nat. Genet. 2010;42:142–148. [PMC free article] [PubMed]

65. Dastani Z, et al. Novel loci for adiponectin levels and their influence on type 2 diabetes and metabolic traits: a multi-ethnic meta-analysis of 45,891 individuals. PLoS Genet. 2012;8:e1002607. [PMC free article] [PubMed]

66. Pattaro C, et al. Genome-wide association and functional follow-up reveals new loci for kidney function. PLoS Genet. 2012;8:e1002584. [PMC free article] [PubMed]

67. Boger CA, et al. CUBN is a gene locus for albuminuria. J. Am. Soc. Nephrol. 2011;22:555–570. [PMC free article] [PubMed]

68. Stolk L, et al. Meta-analyses identify 13 loci associated with age at menopause and highlight DNA repair and immune pathways. Nat. Genet. 2012;44:260–268. [PMC free article] [PubMed]

69. Elks CE, et al. Thirty new loci for age at menarche identified by a meta-analysis of genome-wide association studies. Nat. Genet. 2010;42:1077–1085. [PMC free article] [PubMed]

70. Estrada K, et al. Genome-wide meta-analysis identifies 56 bone mineral density loci and reveals 14 loci associated with risk of fracture. Nat. Genet. 2012;44:491–501. [PMC free article] [PubMed]

71. Gharavi AG, et al. Genome-wide association study identifies susceptibility loci for IgA nephropathy. Nat. Genet. 2011;43:321–327. [PMC free article] [PubMed]

72. Painter JN, et al. Genome-wide association study identifies a locus at 7p15.2 associated with endometriosis. Nat. Genet. 2011;43:51–54. [PMC free article] [PubMed]

73. Hindorff LA, et al. Potential etiologic and functional implications of genome-wide association loci for human diseases and traits. Proc. Natl. Acad. Sci. U. S. A. 2009;106:9362–9367. [PMC free article] [PubMed]

74. Kamatani Y, et al. Genome-wide association study of hematological and biochemical traits in a Japanese population. Nat. Genet. 2010;42:210–215. [PubMed]

75. Franke A, et al. Genome-wide meta-analysis increases to 71 the number of confirmed Crohn's disease susceptibility loci. Nat. Genet. 2010;42:1118–1125. [PMC free article] [PubMed]

76. Sawcer S, et al. Genetic risk and a primary role for cell-mediated immune mechanisms in multiple sclerosis. Nature. 2011;476:214–219. [PMC free article] [PubMed]

77. Wang KS, Liu XF, Aragam N. A genome-wide meta-analysis identifies novel loci associated with schizophrenia and bipolar disorder. Schizophr. Res. 2010;124:192–199. [PubMed]

78. Cirulli ET, et al. Common genetic variation and performance on standardized cognitive tests. Eur. J. Hum. Genet. 2010;18:815–820. [PMC free article] [PubMed]

79. Gieger C, et al. New gene functions in megakaryopoiesis and platelet formation. Nature. 2011;480:201–208. [PMC free article] [PubMed]

80. Need AC, et al. A genome-wide study of common SNPs and CNVs in cognitive performance in the CANTAB. Hum. Mol. Genet. 2009;18:4650–4661. [PMC free article] [PubMed]

81. Purcell S, et al. PLINK: a tool set for whole-genome association and population-based linkage analyses. Am. J. Hum. Genet. 2007;81:559–575. [PMC free article] [PubMed]

82. Abecasis GR, et al. A map of human genome variation from population-scale sequencing. Nature. 2010;467:1061–1073. [PMC free article] [PubMed]

83. The International HapMap Project Nature. 2003;426:789–796. [PubMed]

84. Suzuki R, Shimodaira H. Pvclust: an R package for assessing the uncertainty in hierarchical clustering. Bioinformatics. 2006;22:1540–1542. [PubMed]

85. 1000 Genomes Project Consortium An integrated map of genetic variation from 1,092 human genomes. Nature. 2012;491:56–65. [PMC free article] [PubMed]

86. Feng J, Liu T, Qin B, Zhang Y, Liu XS. Identifying ChIP-seq enrichment using MACS. Nat. Protoc. 2012;7:1728–1740. [PMC free article] [PubMed]

87. Ashburner M, et al. The Gene Ontology Consortium Gene ontology: tool for the unification of biology. Nat. Genet. 2000;25:25–29. [PMC free article] [PubMed]

88. Mi H, Thomas P. PANTHER pathway: an ontology-based pathway database coupled with data analysis tools. Methods Mol. Biol. 2009;563:123–140. [PubMed]

89. Jimenez-Marin A, Collado-Romero M, Ramirez-Boo M, Arce C, Garrido JJ. Biological pathway analysis by ArrayUnlock and Ingenuity Pathway Analysis. BMC Proc. 2009;3(Suppl 4):S6. [PMC free article] [PubMed]

90. Kanehisa M, Goto S. KEGG: Kyoto encyclopedia of genes and genomes. Nucleic Acids Res. 2000;28:27–30. [PMC free article] [PubMed]

91. Cvejic A, et al. SMIM1 underlies the Vel blood group and influences red blood cell traits. Nat. Genet. 2013;45:542–545. [PMC free article] [PubMed]

92. Lage K, et al. A human phenome-interactome network of protein complexes implicated in genetic disorders. Nat. Biotechnol. 2007;25:309–316. [PubMed]

93. Bult CJ, Blake JA, Kadin JA, Ringwald M, Eppig JT, Mouse Genome Database Group . IEEE International Symposium on Bio-Informatics and Biomedical Engineering. pp. 29–32. R. J.

94. Croft D, et al. Reactome: a database of reactions, pathways and biological processes. Nucleic Acids Res. 2011;39:D691–697. [PMC free article] [PubMed]

95. Kanehisa M, Goto S, Sato Y, Furumichi M, Tanabe M. KEGG for integration and interpretation of largescale molecular data sets. Nucleic Acids Res. 2012;40:D109–114. [PMC free article] [PubMed] 96. Saito R, et al. A travel guide to Cytoscape plugins. Nat. Methods. 2012;9:1069–1076. [PMC free article] [PubMed]

AUTHOR INFORMATION

Dmitry Shungin,#1,2,3 Thomas W Winkler,#4 Damien C Croteau-Chonka,#5,6 Teresa Ferreira,#7 Adam E Locke,#8 Reedik Mägi,#7,9 Rona J Strawbridge,10 Tune H Pers,11,12,13,14 Krista Fischer,9 Anne E Justice,15 Tsegaselassie Workalemahu,16 Joseph M.W. Wu,17 Martin L Buchkovich,5 Nancy L Heard-Costa,18,19 Tamara S Roman,5 Alexander W Drong,7 Ci Song,20,21,22 Stefan Gustafsson,21,22 Felix R Day,23 Tonu Esko,9,11,12,13 Tove Fall,20,21,22 Zoltán Kutalik,24,25,26 Jian'an Luan,23 Joshua C Randall,7,27 André Scherag,28,29 Sailaja Vedantam,11,12 Andrew R Wood,30 Jin Chen,31 Rudolf Fehrmann,32 Juha Karjalainen,32 Bratati Kahali,33 Ching-Ti Liu,17 Ellen M Schmidt,34 Devin Absher,35 Najaf Amin, 36 Denise Anderson, 37 Marian Beekman, 38, 39 Jennifer L Bragg-Gresham, 8, 40 Steven Buyske,41,42 Ayse Demirkan,36,43 Georg B Ehret,44,45 Mary F Feitosa,46 Anuj Goel,7,47 Anne U Jackson,8 Toby Johnson, 25, 26, 48 Marcus E Kleber, 49, 50 Kati Kristiansson, 51 Massimo Mangino, 52 Irene Mateo Leach,53 Carolina Medina-Gomez,54,55,56 Cameron D Palmer,11,12 Dorota Pasko,30 Sonali Pechlivanis,28 Marjolein J Peters, 54, 56 Inga Prokopenko, 7, 57, 58 Alena Stančáková, 59 Yun Ju Sung, 60 Toshiko Tanaka, 61 Alexander Teumer, 62 Jana V Van Vliet-Ostaptchouk, 63 Loïc Yengo, 64, 65, 66 Weihua Zhang, 67, 68 Eva Albrecht, 69 Johan Ärnlöv, 21, 22, 70 Gillian M Arscott, 71 Stefania Bandinelli, 72 Amy Barrett, 57 Claire Bellis,73,74 Amanda J Bennett,57 Christian Berne,75 Matthias Blüher,76,77 Stefan Böhringer,38,78 Fabrice Bonnet,79 Yvonne Böttcher,76 Marcel Bruinenberg,80 Delia B Carba,81 Ida H Caspersen,82 Robert Clarke,83 E Warwick Daw,46 Joris Deelen,38,39 Ewa Deelman,84 Graciela Delgado,49 Alex SF Doney,85 Niina Eklund,51,86 Michael R Erdos,87 Karol Estrada,12,56,88 Elodie Eury,64,65,66 Nele Friedrich,89 Melissa E Garcia,90 Vilmantas Giedraitis,91 Bruna Gigante,92 Alan S Go,93 Alain Golay,94 Harald Grallert, 69, 95, 96 Tanja B Grammer, 49 Jürgen Gräßler, 97 Jagvir Grewal, 67, 68 Christopher J Groves, 57 Toomas Haller,9 Goran Hallmans,98 Catharina A Hartman,99 Maija Hassinen,100 Caroline Hayward,101 Kauko Heikkilä,102 Karl-Heinz Herzig,103,104,105 Quinta Helmer,38,78,106 Hans L Hillege,53,107 Oddgeir Holmen,108 Steven C Hunt,109 Aaron Isaacs,36,110 Till Ittermann,111 Alan L James,112,113 Ingegerd Johansson, 3 Thorhildur Juliusdottir, 7 Ioanna-Panagiota Kalafati, 114 Leena Kinnunen, 51 Wolfgang Koenig, 50 Ishminder K Kooner,67 Wolfgang Kratzer,115 Claudia Lamina,116 Karin Leander,92 Nanette R Lee,81 Peter Lichtner, 117 Lars Lind, 118 Jaana Lindström, 51 Stéphane Lobbens, 64, 65, 66 Mattias Lorentzon, 119 François Mach,45 Patrik KE Magnusson,20 Anubha Mahajan,7 Wendy L McArdle,120 Cristina Menni,52 Sigrun Merger,121 Evelin Mihailov,9,122 Lili Milani,9 Rebecca Mills,67 Alireza Moayyeri,52,123 Keri L Monda,15,124 Simon P Mooijaart,38,125 Thomas W Mühleisen,126,127 Antonella Mulas,128 Gabriele Müller, 129 Martina Müller-Nurasyid, 69, 130, 131, 132 Ramaiah Nagaraja, 133 Michael A Nalls, 134 Narisu Narisu,87 Nicola Glorioso,135 Ilja M Nolte,107 Matthias Olden,4 Nigel W Rayner,7,27,57 Frida Renstrom,2 Janina S Ried, 69 Neil R Robertson, 7, 57 Lynda M Rose, 136 Serena Sanna, 128 Hubert Scharnagl, 137 Salome Scholtens,80 Bengt Sennblad,10,138 Thomas Seufferlein,115 Colleen M Sitlani,139 Albert Vernon Smith,140,141 Kathleen Stirrups,27,142 Heather M Stringham,8 Johan Sundström,118 Morris A Swertz,32 Amy J Swift,87 Ann-Christine Syvänen,21,143 Bamidele O Tayo,144 Barbara Thorand,96,145 Gudmar Thorleifsson,146 Andreas Tomaschitz,147 Chiara Troffa,135 Floor VA van Oort,148 Niek Verweij,53 Judith M Vonk,107 Lindsay L Waite,35 Roman Wennauer,149 Tom Wilsgaard,150 Mary K Wojczynski,46 Andrew Wong,151 Qunyuan Zhang,46 Jing Hua Zhao,23 Eoin P. Brennan,152 Murim Choi,153 Per Eriksson,10 Lasse Folkersen, 10 Anders Franco-Cereceda, 154 Ali G Gharavi, 155 Åsa K Hedman, 7, 21, 22 Marie-France

Hivert, 156, 157 Jinyan Huang, 158, 159 Stavroula Kanoni, 142 Fredrik Karpe, 57, 160 Sarah Keildson, 7 Krzysztof Kiryluk,155 Liming Liang,159,161 Richard P Lifton,162 Baoshan Ma,159,163 Amy J McKnight,164 Ruth McPherson, 165 Andres Metspalu, 9, 122 Josine L Min, 120 Miriam F Moffatt, 166 Grant W Montgomery, 167 Joanne M Murabito, 18, 168 George Nicholson, 169, 170 Dale R Nyholt, 167, 171 Christian Olsson, 154 John RB Perry,7,30,52 Eva Reinmaa,9 Rany M Salem,11,12,13 Niina Sandholm,172,173,174 Eric E Schadt,175 Robert A Scott,23 Lisette Stolk,38,56 Edgar E. Vallejo,176 Harm-Jan Westra,32 Krina T Zondervan,7,177 The ADIPOGen Consortium, 178, 179 The CARDIOGRAMplusC4D Consortium, The CKDGen Consortium, The GEFOS Consortium, 179, 180 The GENIE Consortium, 179, 181 The GLGC, 182 The ICBP, 179, 183 The International Endogene Consortium, 179 The LifeLines Cohort Study, 179, 184 The MAGIC Investigators, 185 The MuTHER Consortium, 179, 186 The PAGE Consortium, 179, 187 The ReproGen Consortium, Philippe Amouyel,188 Dominique Arveiler,189 Stephan JL Bakker,190 John Beilby,71,191 Richard N Bergman,192 John Blangero, 73 Morris J Brown, 193 Michel Burnier, 194 Harry Campbell, 195 Aravinda Chakravarti, 44 Peter S Chines,87 Simone Claudi-Boehm,121 Francis S Collins,87 Dana C Crawford,196,197 John Danesh,198 Ulf de Faire,92 Eco JC de Geus,199,200 Marcus Dörr,201,202 Raimund Erbel,203 Johan G Eriksson, 51, 204, 205 Martin Farrall, 7, 47 Ele Ferrannini, 206, 207 Jean Ferrières, 208 Nita G Forouhi, 23 Terrence Forrester, 209 Oscar H Franco, 54, 55 Ron T Gansevoort, 190 Christian Gieger, 69 Vilmundur Gudnason, 140, 141 Christopher A Haiman, 210 Tamara B Harris, 90 Andrew T Hattersley, 211 Markku Heliövaara, 51 Andrew A Hicks, 212 Aroon D Hingorani, 213 Wolfgang Hoffmann, 111, 202 Albert Hofman,54,55 Georg Homuth,62 Steve E Humphries,214 Elina Hyppönen,215,216,217,218 Thomas Illig,95,219 Marjo-Riitta Jarvelin,68,105,220,221,222,223 Berit Johansen,82 Pekka Jousilahti,51 Antti M Jula,51 Jaakko Kaprio,51,86,102 Frank Kee,224 Sirkka M Keinanen-Kiukaanniemi,225,226 Jaspal S Kooner, 67, 166, 227 Charles Kooperberg, 228 Peter Kovacs, 76, 77 Aldi T Kraja, 46 Meena Kumari, 229, 230 Kari Kuulasmaa,51 Johanna Kuusisto,231 Timo A Lakka,100,232,233 Claudia Langenberg,23,229 Loic Le Marchand,234 Terho Lehtimäki,235 Valeriya Lyssenko,236,237 Satu Männistö,51 André Marette,238,239 Tara C Matise, 42 Colin A McKenzie, 209 Barbara McKnight, 240 Arthur W Musk, 241 Stefan Möhlenkamp, 203 Andrew D Morris,85 Mari Nelis,9 Claes Ohlsson,119 Albertine J Oldehinkel,99 Ken K Ong,23,151 Lyle J Palmer,242,243 Brenda W Penninx,200,244 Annette Peters,95,132,145 Peter P Pramstaller,212,245 Olli T Raitakari,246,247 Tuomo Rankinen,248 DC Rao,46,60,249 Treva K Rice,60,249 Paul M Ridker,136,250 Marylyn D. Ritchie, 251 Igor Rudan, 196, 252 Veikko Salomaa, 51 Nilesh J Samani, 253, 254 Jouko Saramies, 255 Mark A Sarzynski,248 Peter EH Schwarz,97,256 Alan R Shuldiner,257,258,259 Jan A Staessen,260,261 Valgerdur Steinthorsdottir,146 Ronald P Stolk,107 Konstantin Strauch,69,131 Anke Tönjes,76,77 Angelo Tremblay,262 Elena Tremoli,263 Marie-Claude Vohl,239,264 Uwe Völker,62,202 Peter Vollenweider,265 James F Wilson, 195 Jacqueline C Witteman, 55 Linda S Adair, 266 Murielle Bochud, 267, 268 Bernhard O Boehm, 269, 270 Stefan R Bornstein, 97 Claude Bouchard, 248 Stéphane Cauchi, 64, 65, 66 Mark J Caulfield, 271 John C Chambers, 67, 68, 227 Daniel I Chasman, 136, 250 Richard S Cooper, 144 George Dedoussis, 114 Luigi Ferrucci,61 Philippe Froguel,58,64,65,66 Hans-Jörgen Grabe,272,273 Anders Hamsten,10 Jennie Hui,71,191,274 Kristian Hveem,108 Karl-Heinz Jöckel,28 Mika Kivimaki,229 Diana Kuh,151 Markku Laakso,231 Yongmei Liu,275 Winfried März,49,137,276 Patricia B Munroe,271 Inger Njølstad,150 Ben A Oostra, 36, 110, 277 Colin NA Palmer, 85 Nancy L Pedersen, 20 Markus Perola, 9, 51, 86 Louis Pérusse, 239, 262 Ulrike Peters, 228 Chris Power, 218 Thomas Quertermous, 278 Rainer Rauramaa, 100, 233 Fernando Rivadeneira, 54, 55, 56 Timo E Saaristo, 279, 280 Danish Saleheen, 199, 281, 282 Juha Sinisalo, 283 P Eline Slagboom, 38, 39 Harold Snieder, 107 Tim D Spector, 52 Kari Stefansson, 146, 284 Michael Stumvoll, 76, 77 Jaakko Tuomilehto,51,285,286,287 André G Uitterlinden,54,55,56 Matti Uusitupa,288,289 Pim van der Harst, 32, 53, 290 Giovanni Veronesi, 291 Mark Walker, 292 Nicholas J Wareham, 23 Hugh Watkins, 7, 47 H-Erich Wichmann, 293, 294, 295 Goncalo R Abecasis, 8 Themistocles L Assimes, 278 Sonja I Berndt, 296 Michael Boehnke,8 Ingrid B Borecki,46 Panos Deloukas,27,142,297 Lude Franke,32 Timothy M Frayling,30 Leif C

Groop,86,237 David J. Hunter,6,16,159 Robert C Kaplan,298 Jeffrey R O'Connell,257,258 Lu Qi,6,16 David Schlessinger,133 David P Strachan,299 Unnur Thorsteinsdottir,146,284 Cornelia M van Duijn,36,54,55,110 Cristen J Willer,31,34,300 Peter M Visscher,301,302 Jian Yang,301,302 Joel N Hirschhorn,11,12,13 M Carola Zillikens,54,56 Mark I McCarthy,7,57,303 Elizabeth K Speliotes,33 Kari E North,15,304 Caroline S Fox,18 Inês Barroso,27,305,306 Paul W Franks,1,2,16 Erik Ingelsson,7,21,22 Iris M Heid,4,69,§ Ruth JF Loos,23,307,308,309,§ L Adrienne Cupples,17,18,§ Andrew P Morris,7,9,310,§ Cecilia M Lindgren,7,12,§ and Karen L Mohlke5,§

1Department of Public Health and Clinical Medicine, Unit of Medicine, Umeå University, Umeå 901 87, Sweden

2Department of Clinical Sciences, Genetic & Molecular Epidemiology Unit, Lund University Diabetes Center, Skåne University Hosptial, Malmö 205 02, Sweden

3Department of Odontology, Umeå University, Umeå 901 85, Sweden

4Department of Genetic Epidemiology, Institute of Epidemiology and Preventive Medicine, University of Regensburg, D-93053 Regensburg, Germany

5Department of Genetics, University of North Carolina, Chapel Hill, NC 27599, USA

6Channing Division of Network Medicine, Department of Medicine, Brigham and Women's Hospital and Harvard Medical School, Boston, MA 02115, USA

7Wellcome Trust Centre for Human Genetics, University of Oxford, Oxford OX3 7BN, UK

8Center for Statistical Genetics, Department of Biostatistics, University of Michigan, Ann Arbor, MI 48109, USA

9Estonian Genome Center, University of Tartu, Tartu 51010, Estonia

10Atherosclerosis Research Unit, Center for Molecular Medicine, Department of Medicine, Karolinska Institutet, Stockholm 17176, Sweden

11Divisions of Endocrinology and Genetics and Center for Basic and Translational Obesity Research, Boston Children's Hospital, Boston, MA 02115, USA

12Broad Institute of the Massachusetts Institute of Technology and Harvard University, Cambridge 02142, MA, USA

13Department of Genetics, Harvard Medical School, Boston, MA 02115, USA

14Center for Biological Sequence Analysis, Department of Systems Biology, Technical University of Denmark, Lyngby 2800, Denmark

15Department of Epidemiology, University of North Carolina at Chapel Hill, Chapel Hill, NC 27599, USA

16Department of Nutrition, Harvard School of Public Health, Boston, MA, USA

17Department of Biostatistics, Boston University School of Public Health, Boston, MA 02118, USA

18National Heart, Lung, and Blood Institute, the Framingham Heart Study, Framingham MA 01702, USA

19Department of Neurology, Boston University School of Medicine, Boston, MA 02118, USA

20Department of Medical Epidemiology and Biostatistics, Karolinska Institutet, Stockholm 17177, Sweden

21Science for Life Laboratory, Uppsala University, Uppsala 75185, Sweden

22Department of Medical Sciences, Molecular Epidemiology, Uppsala University, Uppsala 75185, Sweden

23MRC Epidemiology Unit, University of Cambridge School of Clinical Medicine, Institute of Metabolic Science, Cambridge Biomedical Campus, Cambridge, CB2 0QQ, UK

24Institute of Social and Preventive Medicine (IUMSP), Centre Hospitalier Universitaire Vaudois (CHUV), Lausanne 1010, Switzerland

25Swiss Institute of Bioinformatics, Lausanne 1015, Switzerland

26Department of Medical Genetics, University of Lausanne, Lausanne 1005, Switzerland

27Wellcome Trust Sanger Institute, Hinxton, Cambridge CB10 1SA, UK

28Institute for Medical Informatics, Biometry and Epidemiology (IMIBE), University Hospital Essen, Essen, Germany

29Clinical Epidemiology, Integrated Research and Treatment Center, Center for Sepsis Control and Care (CSCC), Jena University Hospital, Jena, Germany

30Genetics of Complex Traits, University of Exeter Medical School, University of Exeter, Exeter EX1 2LU, UK

31Department of Internal Medicine, Division of Cardiovascular Medicine, University of Michigan, Ann Arbor, MI, USA

32Department of Genetics, University Medical Center Groningen, University of Groningen, 9700 RB Groningen, The Netherlands

33Department of Internal Medicine, Division of Gastroenterology, and Department of Computational Medicine and Bioinformatics, University of Michigan, Ann Arbor, MI 48109

34Department of Computational Medicine and Bioinformatics, University of Michigan, Ann Arbor, MI, USA

35HudsonAlpha Institute for Biotechnology, Huntsville, AL 35806, USA

36Genetic Epidemiology Unit, Department of Epidemiology, Erasmus MC University Medical Center, 3015 GE Rotterdam, The Netherlands

37Telethon Institute for Child Health Research, Centre for Child Health Research, The University of Western Australia, Perth, Western Australia 6008, Australia

38Netherlands Consortium for Healthy Aging (NCHA), Leiden University Medical Center, Leiden 2300 RC, The Netherlands 39Department of Molecular Epidemiology, Leiden University Medical Center, 2300 RC Leiden, The Netherlands

40Kidney Epidemiology and Cost Center, University of Michigan, Ann Arbor, MI 48109

41Department of Statistics & Biostatistics, Rutgers University, Piscataway, NJ USA

42Department of Genetics, Rutgers University, Piscataway, NJ USA

43Department of Human Genetics, Leiden University Medical Center, 2333 ZC Leiden, The Netherlands

44Center for Complex Disease Genomics, McKusick-Nathans Institute of Genetic Medicine, Johns Hopkins University School of Medicine, Baltimore, MD 21205, USA

45Cardiology, Department of Specialties of Internal Medicine, Geneva University Hospital, Geneva 1211, Switzerland

46Department of Genetics, Washington University School of Medicine, St. Louis, MO 63110, USA

47Division of Cardiovacular Medicine, Radcliffe Department of Medicine, University of Oxford, Oxford OX3 9DU, UK

48University Institute for Social and Preventative Medecine, Centre Hospitalier Universitaire Vaudois (CHUV), University of Lausanne, Lausanne 1005, Switzerland

49Vth Department of Medicine (Nephrology, Hypertensiology, Endocrinology, Diabetology, Rheumatology), Medical Faculty of Mannheim, University of Heidelberg, Germany

50Department of Internal Medicine II, Ulm University Medical Centre, D-89081 Ulm, Germany

51National Institute for Health and Welfare, FI-00271 Helsinki, Finland

52Department of Twin Research and Genetic Epidemiology, King's College London, London SE1 7EH, UK

53Department of Cardiology, University Medical Center Groningen, University of Groningen, 9700RB Groningen, The Netherlands

54Netherlands Consortium for Healthy Aging (NCHA), 3015GE Rotterdam, The Netherlands

55Department of Epidemiology, Erasmus MC University Medical Center, 3015GE Rotterdam, The Netherlands

56Department of Internal Medicine, Erasmus MC University Medical Center, 3015GE Rotterdam, The Netherlands

57Oxford Centre for Diabetes, Endocrinology and Metabolism, University of Oxford, Oxford OX3 7LJ, UK

58Department of Genomics of Common Disease, School of Public Health, Imperial College London, Hammersmith Hospital, London, UK

59University of Eastern Finland, FI-70210 Kuopio, Finland

60Division of Biostatistics, Washington University School of Medicine, St. Louis, MO 63110, USA

61Translational Gerontology Branch, National Institute on Aging, Baltimore MD 21225, USA

62Interfaculty Institute for Genetics and Functional Genomics, University Medicine Greifswald, D-17475 Greifswald, Germany

63Department of Endocrinology, University of Groningen, University Medical Center Groningen, Groningen, 9700 RB, The Netherlands

64CNRS UMR 8199, F-59019 Lille, France

65European Genomic Institute for Diabetes, F-59000 Lille, France

66Université de Lille 2, F-59000 Lille, France

67Ealing Hospital NHS Trust, Middlesex UB1 3HW, UK

68Department of Epidemiology and Biostatistics, Imperial College London, London W2 1PG, UK

69Institute of Genetic Epidemiology, Helmholtz Zentrum München - German Research Center for Environmental Health, D-85764 Neuherberg, Germany

70School of Health and Social Studies, Dalarna University, Falun, Sweden

71PathWest Laboratory Medicine of Western Australia, NEDLANDS, Western Australia 6009, Australia

72Geriatric Unit, Azienda Sanitaria Firenze (ASF), Florence, Italy

73Department of Genetics, Texas Biomedical Research Institute, San Antonio, TX, USA

74Genomics Research Centre, Institute of Health and Biomedical Innovation, Queensland University of Technology, Brisbane, Queensland, Australia

75Department of Medical Sciences, Endocrinology, Diabetes and Metabolism, Uppsala University, Uppsala 75185, Sweden

76Integrated Research and Treatment Center (IFB) Adiposity Diseases, University of Leipzig, D-04103 Leipzig, Germany

77Department of Medicine, University of Leipzig, D-04103 Leipzig, Germany

78Department of Medical Statistics and Bioinformatics, Leiden University Medical Center, 2300 RC Leiden, The Netherlands

79Inserm UMR991, Department of Endocrinology, University of Rennes, F-35000 Rennes, France

80LifeLines Cohort Study, University Medical Center Groningen, University of Groningen, 9700 RB Groningen, The Netherlands

81USC-Office of Population Studies Foundation, Inc., University of San Carlos, Cebu City 6000, Philippines

82Department of Biology, Norwegian University of Science and Technology, Trondheim, Norway

83Clinical Trial Service Unit and Epidemiological Studies Unit, Nuffield Department of Population Health, University of Oxford, Oxford OX3 7LF, UK 84Information Sciences Institute, University of Southern California, Marina del Rey, California, USA

85Medical Research Institute, University of Dundee, Ninewells Hospital and Medical School, Dundee DD1 9SY, UK

86Institute for Molecular Medicine, University of Helsinki, FI-00014 Helsinki, Finland

87Medical Genomics and Metabolic Genetics Branch, National Human Genome Research Institute, NIH, Bethesda, MD 20892, USA

88Analytic and Translational Genetics Unit, Massachusetts General Hospital and Harvard Medical School, Boston, MA, USA

89Institute of Clinical Chemistry and Laboratory Medicine, University Medicine Greifswald, D-17475 Greifswald, Germany

90Laboratory of Epidemiology and Population Sciences, National Institute on Aging, NIH, Bethesda, MD 20892, USA

91Department of Public Health and Caring Sciences, Geriatrics, Uppsala University, Uppsala 75185, Sweden

92Division of Cardiovascular Epidemiology, Institute of Environmental Medicine, Karolinska Institutet, Stockholm, Sweden, Stockholm 17177, Sweden

93Kaiser Permanente, Division of Research, Oakland, CA 94612, USA

94Service of Therapeutic Education for Diabetes, Obesity and Chronic Diseases, Geneva University Hospital, Geneva CH-1211, Switzerland

95Research Unit of Molecular Epidemiology, Helmholtz Zentrum München - German Research Center for Environmental Health, D-85764 Neuherberg, Germany

96German Center for Diabetes Research (DZD), Neuherberg, Germany

97Department of Medicine III, University Hospital Carl Gustav Carus, Technische Universität Dresden, D-01307 Dresden, Germany

98Department of Public Health and Clinical Medicine, Unit of Nutritional Research, Umeå University, Umeå 90187, Sweden

99Department of Psychiatry, University of Groningen, University Medical Center Groningen, Groningen, The Netherlands

100Kuopio Research Institute of Exercise Medicine, Kuopio, Finland

101MRC Human Genetics Unit, Institute of Genetics and Molecular Medicine, University of Edinburgh, Western General Hospital, Edinburgh, EH4 2XU, Scotland, UK

102Hjelt Institute Department of Public Health, University of Helsinki, FI-00014 Helsinki, Finland

103Institute of Biomedicine, University of Oulu, Oulu, Finland

104 Medical Research Center Oulu and Oulu University Hospital, Oulu, Finland

105Biocenter Oulu, University of Oulu, FI-90014 Oulu, Finland

106Faculty of Psychology and Education, VU University Amsterdam, Amsterdam, The Netherlands

107Department of Epidemiology, University Medical Center Groningen, University of Groningen, 9700 RB Groningen, The Netherlands

108Department of Public Health and General Practice, Norwegian University of Science and Technology, Trondheim 7489, Norway

109Cardiovascular Genetics Division, Department of Internal Medicine, University of Utah, Salt Lake City, Utah 84108, USA

110Center for Medical Sytems Biology, Leiden, The Netherlands

111Institute for Community Medicine, University Medicine Greifswald, D-17475 Greifswald, Germany

112Department of Pulmonary Physiology and Sleep Medicine, Nedlands, Western Australia 6009, Australia

113School of Medicine and Pharmacology, University of Western Australia, Crawley 6009, Australia

114Department of Dietetics-Nutrition, Harokopio University, Athens, Greece

115Department of Internal Medicine I, Ulm University Medical Centre, D-89081 Ulm, Germany

116Division of Genetic Epidemiology, Department of Medical Genetics, Molecular and Clinical Pharmacology, Innsbruck Medical University, 6020 Innsbruck, Austria

117Institute of Human Genetics, Helmholtz Zentrum München - German Research Center for Environmental Health, D-85764 Neuherberg, Germany

118Department of Medical Sciences, Cardiovascular Epidemiology, Uppsala University, Uppsala 75185, Sweden

119Centre for Bone and Arthritis Research, Department of Internal Medicine and Clinical Nutrition, Institute of Medicine, Sahlgrenska Academy, University of Gothenburg, Gothenburg 413 45, Sweden

120School of Social and Community Medicine, University of Bristol, Bristol BS8 2BN, UK

121Division of Endocrinology, Diabetes and Metabolism, Ulm University Medical Centre, D-89081 Ulm, Germany

122Institute of Molecular and Cell Biology, University of Tartu, Tartu 51010, Estonia

123Farr Institute of Health Informatics Research, University College London, London NW1 2DA, UK

124The Center for Observational Research, Amgen, Inc., Thousand Oaks, CA 91320, USA

125Department of Gerontology and Geriatrics, Leiden University Medical Center, 2300 RC Leiden, The Netherlands

126Department of Genomics, Life & Brain Center, University of Bonn, Bonn, Germany

127Institute of Human Genetics, University of Bonn, Bonn, Germany

128Istituto di Ricerca Genetica e Biomedica (IRGB), Consiglio Nazionale delle Ricerche, Cagliari, Sardinia 09042, Italy

129Center for Evidence-based Healthcare, University Hospital Carl Gustav Carus, Technische Universität Dresden, D-01307 Dresden, Germany

130Department of Medicine I, University Hospital Grosshadern, Ludwig-Maximilians-Universität, D-81377 Munich, Germany

131Institute of Medical Informatics, Biometry and Epidemiology, Chair of Genetic Epidemiology, Ludwig-Maximilians-Universität, D-81377 Munich, Germany

132Deutsches Forschungszentrum für Herz-Kreislauferkrankungen (DZHK) (German Research Centre for Cardiovascular Research), Munich Heart Alliance, D-80636 Munich, Germany

133Laboratory of Genetics, National Institute on Aging, Baltimore, MD 21224, USA

134Laboratory of Neurogenetics, National Institute on Aging, National Institutes of Health, Bethesda, MD 20892, USA

135Hypertension and Related Diseases Centre - AOU, University of Sassari Medical School, Sassari 07100, Italy

136Division of Preventive Medicine, Brigham and Women's Hospital, Boston, MA 02215, USA

137Clinical Institute of Medical and Chemical Laboratory Diagnostics, Medical University of Graz, Graz 8036, Austria

138Science for Life Laboratory, Karolinska Institutet, Stockholm, Sweden

139Department of Medicine, University of Washington, Seattle, WA 98101, USA

140Icelandic Heart Association, Kopavogur 201, Iceland

141University of Iceland, Reykjavik 101, Iceland

142William Harvey Research Institute, Barts and The London School of Medicine and Dentistry, Queen Mary University of London, EC1M 6BQ UK

143Department of Medical Sciences, Molecular Medicine, Uppsala University, Uppsala 75144, Sweden

144Department of Public Health Sciences, Stritch School of Medicine, Loyola University of Chicago, Maywood, IL 61053, USA

145Institute of Epidemiology II, Helmholtz Zentrum München - German Research Center for Environmental Health, Neuherberg, Germany, D-85764 Neuherberg, Germany

146deCODE Genetics, Amgen inc., Reykjavik 101, Iceland

147Department of Cardiology, Medical University of Graz, Graz 8036, Austria

148Department of Child and Adolescent Psychiatry, Psychology, Erasmus MC University Medical Centre, 3000 CB Rotterdam, The Netherlands

149Department of Clinical Chemistry, Ulm University Medical Centre, D-89081 Ulm, Germany

150Department of Community Medicine, Faculty of Health Sciences, UiT The Arctic University of Norway, Tromsø, Norway

151MRC Unit for Lifelong Health and Ageing at University College London, London WC1B 5JU, UK

152Diabetes Complications Research Centre, Conway Institute, School of Medicine and Medical Sciences, University College Dublin, Dublin, Ireland

153Department of Biomedical Sciences, Seoul National University College of Medicine, Seoul, Korea

154Cardiothoracic Surgery Unit, Department of Molecular Medicine and Surgery, Karolinska Institutet, Stockholm 17176, Sweden

155Department of Medicine, Columbia University College of Physicians and Surgeons, New York NY, USA

156Department of Population Medicine, Harvard Pilgrim Health Care Institute, Harvard Medical School, Boston, MA

157 Massachusetts General Hospital, Boston, MA, USA

158State Key Laboratory of Medical Genomics, Shanghai Institute of Hematology, Rui Jin Hospital Affiliated with Shanghai Jiao Tong University School of Medicine, Shanghai, China

159Department of Epidemiology, Harvard School of Public Health, Boston, MA 02115, USA

160NIHR Oxford Biomedical Research Centre, OUH Trust, Oxford OX3 7LE, UK

161Harvard School of Public Health, Department of Biostatistics, Harvard University, Boston, MA 2115, USA

162Department of Genetics, Howard Hughes Medical Institute, Yale University School of Medicine, New Haven, New Haven CT, USA

163College of Information Science and Technology, Dalian Maritime University, Dalian, Liaoning 116026, China

164Nephrology Research, Centre for Public Health, Queen's University of Belfast, Belfast, Co. Down BT9 7AB, UK

165University of Ottawa Heart Institute, Ottawa K1Y 4W7, Canada

166National Heart and Lung Institute, Imperial College London, London SW3 6LY, UK

167QIMR Berghofer Medical Research Institute, Brisbane, Queensland 4006, Australia

168Section of General Internal Medicine, Boston University School of Medicine, Boston, MA 02118, USA

169Department of Statistics, University of Oxford, 1 South Parks Road, Oxford OX1 3TG, UK

170MRC Harwell, Harwell Science and Innovation Campus, Harwell, UK

171Institute of Health and Biomedical Innovation, Queensland University of Technology, Brisbane, Queensland 4059, Australia

172Department of Biomedical Engineering and Computational Science, Aalto University School of Science, Helsinki, Finland

173Department of Medicine, Division of Nephrology, Helsinki University Central Hospital, FI-00290 Helsinki, Finland

174Folkhälsan Institute of Genetics, Folkhälsan Research Center, FI-00290 Helsinki, Finland

175Icahn Institute for Genomics and Multiscale Biology, Icahn School of Medicine at Mount Sinai, New York, NY 10580, USA

176Computer Science Department, Tecnológico de Monterrey, Atizapán de Zaragoza, 52926, Mexico

177Nuffield Department of Obstetrics & Gynaecology, University of Oxford, Oxford OX3 7BN, UK

178Adiponectin Genetic Consortium

179Membership to this consortium is provided below

180The GEnetic Factors for OSteoporosis Consortium

181GEnetics of Nephropathy - an International Effort Consortium

182The Global Lipids Genetics Consortium

183The International Consortium for Blood Pressure Genome-Wide Association Studies

184The LifeLines Cohort Study, University of Groningen, University Medical Center Groningen, Groningen, The Netherlands

185Meta-Analyses of Glucose and Insulin-related traits Consortium Investigators

186The Multiple Tissue Human Expression Resource Consortium

187Population Architecture using Genomics and Epidemiology Consortium

188Institut Pasteur de Lille; INSERM, U744; Université de Lille 2; F-59000 Lille, France

189Department of Epidemiology and Public Health, EA3430, University of Strasbourg, Faculty of Medicine, Strasbourg, France

190Department of Internal Medicine, University Medical Center Groningen, University of Groningen, 9700RB Groningen, The Netherlands

191Pathology and Laboratory Medicine, The University of Western Australia, Perth, Western Australia 6009, Australia

192Cedars-Sinai Diabetes and Obesity Research Institute, Los Angeles, CA, USA

193Clinical Pharmacology Unit, University of Cambridge, Addenbrooke's Hospital, Hills Road, Cambridge CB2 2QQ, UK

194Service of Nephrology, Department of Medicine, Lausanne University Hospital (CHUV), Lausanne 1005, Switzerland

195Centre for Population Health Sciences, University of Edinburgh, Teviot Place, Edinburgh, EH8 9AG, Scotland, UK

196Center for Human Genetics Research, Vanderbilt University Medical Center, Nashville TN 37203, USA

197Department of Molecular Physiology and Biophysics, Vanderbilt University, Nashville, TN 37232, USA

198Department of Public Health and Primary Care, University of Cambridge, Cambridge, UK

199Biological Psychology, VU University Amsterdam, 1081BT Amsterdam, The Netherlands

200Institute for Research in Extramural Medicine, Institute for Health and Care Research, VU University, 1081BT Amsterdam, The Netherlands

201Department of Internal Medicine B, University Medicine Greifswald, D-17475 Greifswald, Germany

202DZHK (Deutsches Zentrum für Herz-Kreislaufforschung – German Centre for Cardiovascular Research), partner site Greifswald, D-17475 Greifswald, Germany

203Clinic of Cardiology, West-German Heart Centre, University Hospital Essen, Essen, Germany

204Department of General Practice and Primary Health Care, University of Helsinki, FI-00290 Helsinki, Finland

205Unit of General Practice, Helsinki University Central Hospital, Helsinki 00290, Finland

206Department of Internal Medicine, University of Pisa, Pisa, Italy

207National Research Council Institute of Clinical Physiology, University of Pisa, Pisa, Italy

208Department of Cardiology, Toulouse University School of Medicine, Rangueil Hospital, Toulouse, France

209UWI Solutions for Developing Countries, The University of the West Indies, Mona, Kingston 7, Jamaica

210Department of Preventive Medicine, Keck School of Medicine, University of Southern California, Los Angeles, CA, USA

211Institute of Biomedical & Clinical Science, University of Exeter, Barrack Road, Exeter EX2 5DW, UK

212Center for Biomedicine, European Academy Bozen, Bolzano (EURAC), Bolzano 39100, Italy - Affiliated Institute of the University of Lübeck, D-23562 Lübeck, Germany

213Institute of Cardiovascular Science, University College London, London WC1E 6BT, UK

214Centre for Cardiovascular Genetics, Institute Cardiovascular Sciences, University College London, London WC1E 6JJ, UK

215Sansom Institute for Health Research, University of South Australia, Adelaide 5000, South Australia, Australia

216School of Population Health, University of South Australia, Adelaide 5000, South Australia, Australia

217South Australian Health and Medical Research Institute, Adelaide, South Australia, Australia

218Population, Policy, and Practice, University College London Institute of Child Health, London WC1N 1EH, UK

219Hannover Unified Biobank, Hannover Medical School, Hannover, D-30625 Hannover, Germany

220National Institute for Health and Welfare, FI-90101 Oulu, Finland

221MRC Health Protection Agency (HPA) Centre for Environment and Health, School of Public Health, Imperial College London, UK

222Unit of Primary Care, Oulu University Hospital, FI-90220 Oulu, Finland

223Institute of Health Sciences, FI-90014 University of Oulu, Finland

224UK Clinical Research Collaboration Centre of Excellence for Public Health (NI), Queens University of Belfast, Belfast, Northern Ireland

225Institute of Health Sciences, Faculty of Medicine, University of Oulu, Oulu, Finland

226Unit of Primary Health Care/General Practice, Oulu University Hospital, Oulu, Finland

227Imperial College Healthcare NHS Trust, London W12 OHS, UK

228Division of Public Health Sciences, Fred Hutchinson Cancer Research Center, Seattle, WA 98109, USA

229Department of Epidemiology and Public Health, University College London, London WC1E 6BT, UK

230Department of Biological and Social Epidemiology, University of Essex, Wivenhoe Park, Colchester, Essex, CO4 3SQ, UK

231Department of Medicine, Kuopio University Hospital and University of Eastern Finland, FI-70210 Kuopio, Finland

232Department of Physiology, Institute of Biomedicine, University of Eastern Finland, Kuopio Campus, Kuopio, Finland

233Department of Clinical Physiology and Nuclear Medicine, Kuopio University Hospital and University of Eastern Finland, Kuopio, Finland

234Epidemiology Program, University of Hawaii Cancer Center, Honolulu, HI USA

235Department of Clinical Chemistry, Fimlab Laboratories and School of Medicine University of Tampere, FI-33520 Tampere, Finland

236Steno Diabetes Center A/S, Gentofte DK-2820, Denmark

237Lund University Diabetes Centre and Department of Clinical Science, Diabetes & Endocrinology Unit, Lund University, Malmö 221 00, Sweden

238Institut Universitaire de Cardiologie et de Pneumologie de Québec, Faculty of Medicine, Laval University, Quebec, QC G1V 0A6, Canada

239Institute of Nutrition and Functional Foods, Laval University, Quebec, QC G1V 0A6, Canada

240Department of Biostatistics, University of Washington, Seattle, WA 98195, USA

241Department of Respiratory Medicine, Sir Charles Gairdner Hospital, Nedlands, Western Australia 6009, Australia

242Epidemiology and Obstetrics & Gynaecology, University of Toronto, Toronto, Ontario, Canada

243Genetic Epidemiology & Biostatistics Platform, Ontario Institute for Cancer Research, Toronto, Ontario M5G 0A3, Canada

244Department of Psychiatry, Neuroscience Campus, VU University Amsterdam, Amsterdam, The Netherlands

245Department of Neurology, General Central Hospital, Bolzano 39100, Italy

246Department of Clinical Physiology and Nuclear Medicine, Turku University Hospital, FI-20521 Turku, Finland

247Research Centre of Applied and Preventive Cardiovascular Medicine, University of Turku, FI-20521 Turku, Finland

248Human Genomics Laboratory, Pennington Biomedical Research Center, Baton Rouge, LA 70808, USA

249Department of Psychiatry, Washington University School of Medicine, St. Louis, MO 63110, USA

250Harvard Medical School, Boston, MA 02115, USA

251Center for Systems Genomics, The Pennsylvania State University, University Park, PA 16802, USA

252Croatian Centre for Global Health, Faculty of Medicine, University of Split, 21000 Split, Croatia

253Department of Cardiovascular Sciences, University of Leicester, Glenfield Hospital, Leicester LE3 9QP, UK

254National Institute for Health Research (NIHR) Leicester Cardiovascular Biomedical Research Unit, Glenfield Hospital, Leicester, LE3 9QP, UK

255South Carelia Central Hospital, 53130 Lappeenranta, Finland

256Paul Langerhans Institute Dresden, German Center for Diabetes Research (DZD), Dresden, Germany

257Division of Endocrinology, Diabetes and Nutrition, University of Maryland School of Medicine, Baltimore, MD 21201, USA

258Program for Personalized and Genomic Medicine, University of Maryland School of Medicine, Baltimore, MD 21201, USA

259Geriatric Research and Education Clinical Center, Vetrans Administration Medical Center, Baltimore, MD 21201, USA

260Department of Epidemiology, Maastricht University, Maastricht, The Netherlands

261Research Unit Hypertension and Cardiovascular Epidemiology, KU Leuven Department of Cardiovascular Sciences, University of Leuven, B-3000 Leuven, Belgium

262Department of Kinesiology, Laval University, Quebec, QC G1V 0A6, Canada

263Dipartimento di Scienze Farmacologiche e Biomolecolari, Università di Milano & Centro Cardiologico Monzino, Instituto di Ricovero e Cura a Carattere Scientifico, Milan 20133, italy

264Department of Food Science and Nutrition, Laval University, Quebec, QC G1V 0A6, Canada

265Department of Internal Medicine, University Hospital (CHUV) and University of Lausanne, 1011, Switzerland

266Department of Nutrition, University of North Carolina, Chapel Hill, NC 27599, USA

267Institute of Social and Preventive Medicine (IUMSP), Centre Hospitalier Universitaire Vaudois and University of Lausanne, Lausanne, Switzerland

268Ministry of Health, Victoria, Republic of Seychelles

269Lee Kong Chian School of Medicine, Imperial College London and Nanyang Technological University, Singapore, 637553 Singapore, Singapore

270Department of Internal Medicine I, Ulm University Medical Centre, D-89081 Ulm, Germany

271Clinical Pharmacology and Barts and The London Genome Centre, William Harvey Research Institute, Barts and The London School of Medicine and Dentistry, Queen Mary University of London, Charterhouse Square, London EC1M 6BQ, UK

272Department of Psychiatry and Psychotherapy, University Medicine Greifswald, HELIOS-Hospital Stralsund, D-17475 Greifswald, Germany

273German Center for Neurodegenerative Diseases (DZNE), Rostock, Greifswald, D-17475 Greifswald, Germany

274School of Population Health, The University of Western Australia, Nedlands, Western Australia 6009, Australia

275Center for Human Genetics, Division of Public Health Sciences, Wake Forest School of Medicine, Winston-Salem, NC 27157, USA

276Synlab Academy, Synlab Services GmbH, Mannheim, Germany

277Department of Clinical Genetics, Erasmus MC University Medical Center, Rotterdam, The Netherlands

278Department of Medicine, Stanford University School of Medicine, Palo Alto, CA, USA

279Finnish Diabetes Association, Kirjoniementie 15, FI-33680 Tampere, Finland

280Pirkanmaa Hospital District, Tampere, Finland

281Center for Non-Communicable Diseases, Karatchi, Pakistan

282Department of Medicine, University of Pennsylvania, Philadelphia, USA

283Helsinki University Central Hospital Heart and Lung Center, Department of Medicine, Helsinki University Central Hospital, FI-00290 Helsinki, Finland

284Faculty of Medicine, University of Iceland, Reykjavik 101, Iceland

285Instituto de Investigacion Sanitaria del Hospital Universario LaPaz (IdiPAZ), Madrid, Spain

286Diabetes Research Group, King Abdulaziz University, 21589 Jeddah, Saudi Arabia

287Centre for Vascular Prevention, Danube-University Krems, 3500 Krems, Austria

288Department of Public Health and Clinical Nutrition, University of Eastern Finland, Finland

289Research Unit, Kuopio University Hospital, Kuopio, Finland

290Durrer Center for Cardiogenetic Research, Interuniversity Cardiology Institute Netherlands-Netherlands Heart Institute, 3501 DG Utrecht, The Netherlands

291EPIMED Research Center, Department of Clinical and Experimental Medicine, University of Insubria, Varese, Italy

292Institute of Cellular Medicine, Newcastle University, Newcastle NE1 7RU, UK

293Institute of Medical Informatics, Biometry and Epidemiology, Chair of Epidemiology, Ludwig-Maximilians-Universität, D-85764 Munich, Germany

294Klinikum Grosshadern, D-81377 Munich, Germany

295Institute of Epidemiology I, Helmholtz Zentrum München - German Research Center for Environmental Health, Neuherberg, Germany, D-85764 Neuherberg, Germany

296Division of Cancer Epidemiology and Genetics, National Cancer Institute, National Institutes of Health, Bethesda, MD 20892, USA

297Princess Al-Jawhara Al-Brahim Centre of Excellence in Research of Hereditary Disorders (PACER-HD), King Abdulaziz University, 21589 Jeddah, Saudi Arabia

298Albert Einstein College of Medicine. Department of Epidemiology and Population Health, Belfer 1306, NY 10461, USA

299Division of Population Health Sciences & Education, St George's, University of London, London SW17 ORE, UK

300Department of Human Genetics, University of Michigan, Ann Arbor, MI, USA

301Queensland Brain Institute, The University of Queensland, Brisbane 4072, Australia

302The University of Queensland Diamantina Institute, The Translation Research Institute, Brisbane 4012, Australia

303Oxford NIHR Biomedical Research Centre, Oxford University Hospitals NHS Trust, Oxford, OX3 7LJ, UK

304Carolina Center for Genome Sciences, University of North Carolina at Chapel Hill, Chapel Hill, NC 27599, USA

305University of Cambridge Metabolic Research Laboratories, Institute of Metabolic Science, Addenbrooke's Hospital, Cambridge CB2 OQQ, UK

306NIHR Cambridge Biomedical Research Centre, Institute of Metabolic Science, Addenbrooke's Hospital, Cambridge CB2 OQQ, UK

307The Charles Bronfman Institute for Personalized Medicine, Icahn School of Medicine at Mount Sinai, New York, NY 10029, USA

308The Genetics of Obesity and Related Metabolic Traits Program, The Icahn School of Medicine at Mount Sinai, New York, NY 10029, USA

309The Mindich Child Health and Development Institute, Icahn School of Medicine at Mount Sinai, New York, NY 10029, USA

310Department of Biostatistics, University of Liverpool, Liverpool L69 3GA, UK

#Contributed equally.

Correspondence and requests for materials should be addressed to K.L.M. (Email: ude.cnu.dem@eklhom) or C.M.L. (Email: ku.ca.xo.llew@ilec)

§These authors jointly directed this work.

Table 1

WHRadjBMI loci achieving genome-wide significance ($P < 5 \times 10^{-8}$) in sex-combined and/or sex-specific meta-analyses

					Sex-combined Women								Sex diff.P ^b	
SNP Novel loci	Ch r <i>ach</i>	Locus ieving gen	<u>a</u>	EA F wide	-		N ce in Eu	-		N acestry n	β neta-a	P nalyses	N	
rs905938	1	DCST2	Т	0.7 4			207,86 7				0.015		92,46 1	1.6E- 02
rs109193 88	1	GORAB	C	2	4	-09	181,04 9	3	-10	6	0.013	-02	8	9.8E- 03
rs138516 7 rs156913	2	MEIS1	G	5	9	-09	206,61 9 209,90	3	-04	8	0.036	-07	5	1.6E- 01 5.8E-
5 rs108045	2	CALCRL	А	3 0.7	1 0.02	-10 6.6E	6 209,92	3 0.04	-07 6.1E	2 116,66	0.019	-04 5.28E	8	01
91 rs174511 07	3	PLXND1 LEKR1	A T	9 0.6 1	5 0.02 6	1.1E	1 207,79 5	0 0.02 3		,		1.42E	7 92,19 4	06 3.5E- 01
rs380538 9	3	NMU	ı A				209,21 8		4.6 E					
rs999132 8	4	FAM13A	Т	9	9	-08	209,92 5	8	-10	2	0.007	-01	7	04
rs303084 rs968784	4	SPATA5- FGF2	A	0	3	-08	209,94 1 208,18	9	-07	2	0.016		2	01
6 rs655630	5	MAP3K1	А	9	4	-08	1 178,87	1	-12	7	0.000		7	06
1 rs775974	5	FGFR4		0.5		4.4 E	208,26		1.7E	115,64		5.49E		
2 rs177689 7	6	BTNL2 HMGA1		0.0	0.03	1.1E	177,87	0.05	6.8E	100,51		7.42E	77,49	1.8E-
rs780158 1	7	HOXA11		0.2	0.02	3.7 E	195,21 5	0.02	7.7E			2.39E	86,48	6.9E-
rs783093 3	8	NKX2-6	A	7	2	-08	209,76 6	7	-12	7	0.001	-01	3	06
rs126795 56 rs109914	8	MSC	G	5	7	-11	203,82 6 209,94	3	-10	9	0.017	-03	1	02
37 rs791777	9 10	ABCA1 SFXN2		1	1	-08	1	0	-08	4	0.022	-03	0	02

									Wom	en			Sex diff.P ^b	
SNP	Ch r		EA <u>a</u>		β	Р	N	β	Р	N	β	Р	N	
2				2	4	-05	2	7	-09	4	1	-01	3	05
rs112316		MACROD					,			,			,	
93	11	1-VEGFB	А	6	1	-08	2	8	-11	4	0.009	-01	3	05
rs476521 9	12	CCDC92	C				209,80 7			,			,	
rs804254			C				, 208,25							
3	15	KLF13	С		0.02 6		208,23 5			0			92,02 9	
rs803060	1.5	DEV7					208,37							
5	15	RFX7	А		0		4						4	
rs144037 2	15	SMAD6	С	0.7			207,44 7			115,20 1			92,38 0	
rs292597				0.3	0.01	1.2E	207,82	0.03	3.4E	115,43	-0.00	7.86E	92,53	1.2E-
9	16	CMIP	Т	1	8	-06				1			1	06
rs464640				0.6	0.02	1.4E	198,19	0.03	5.3E	115,33		2.45E	87,85	2.6E-
4	17	PEMT	G	7	7	-11	6	4	-11	7	0.017	-03	7	02
rs806698				0.5	0.01		209,97							
5	17	KCNJ2	А	0	8	-07	7	6	-09	3	0.007	-01	8	03
rs124547							169,79						,	
12	18	BCL2	Т		6		3							
rs126085	10						209,99			,			,	
04	19	JUND	А		2		0							
rs408172	10	CEDDA	C				207,41							
4	19	CEBPA	G	5			8							
rc070012	20	σμαά	т		0.02 7		209,94 1							
rs979012	20	BMP2	1											01
rs224333	20	GDF5	G		0.02		208,02 5	0.00 9		115,80 3				6.4E- 05
rs609058	20	0DPJ	U				209,43							
3	20	EYA2	А	0.4 8			209,43 5		-10			-03		02

Novel loci achieving genome-wide significance in all-ancestry meta-analyses

rs153469				0.4	0.01	1.3E	212,50	0.02	2.1E	118,18	-0.00	2.64E	92,24	2.1E-
6	7	SNX10	С	3	1	-03	1	7	-08	7	6	-01	3	06

Previously reported loci achieving genome-wide significance in European-ancestry metaanalyses

rs264529 4	1	TBX15- WARS2				209,80 8			,		93,34 6	
rs714515	1	DNM3- PIGC	0.4	0.02	4.4E	203,40	0.02	1.8E	113,93	8.54E	89,59	5.1E-

					Sex-combined Women						Men		Sex diff.P ^b	
SNP	Ch r	Locus		EA F	β	P	N	β	P	N	β	Р	N	
rs282044 3	1	LYPLAL1	Т				209,97 5			116,67 2				
rs101952 52	2	GRB14-	T			5.9E	209,39 5	0.05	4.7 E		-0.00	5.33E		
rs178193 28		PPARG		0.4	0.02	2.4E	208,80	0.03	4.6 E			3.26E	92,87	5.1E-
28 rs227682 4		PPARG PBRM1 ^c			1 0.02 4	3.2E	9 208,90 1	0.02	3.7E			1.35E	92,90	2.0E-
rs237176	3	ADAMTS		0.7	0.03	1.6E	194,50	0.05	1.2E	108,62		3.49E	86,01	3.6E-
7 rs104524 1	-	9 TNFAIP8- HSD17B4		2 0.7 1	6 0.01 9	4.4E	6 209,71 0	0.03	6.6E			9.29E	6 93,28 4	
rs770550 2		CPEB4			0.02	4.7E	209,82	0.02	1.9E			2.30E		-
rs129441 0	6	LY86		0.6		2.0E	209,83 0	0.03	1.6E	116,62		1.37E	93,34	6.3E-
rs135898 0	6	VEGFA	T		0.03	3.1E	206,86 2		3.7E			4.02E		3.7E-
rs193680 5	6	RSPO3	Т		0.04	3.6E	209,85	0.05	3.7E			3.08E	93,39	
rs102453 53	7		_				210,00 8	0.04	7.9E			1.43E		7.2E- 02
rs108427 07	, 12				0.03	4.4 E	210,02 3	0.04	6.1E	116,70		1.44E	93,45	1.1E-
rs144351 2		HOXC13			0.02	6.9E	209,98 0		1.1E	116,68		2.77E		
rs229423 9		ZNRF3		0.5	-	7.2E	209,45 4	0.02	6.9E			2.31E	-	

P values and β coefficients for the association with WHRadjBMI in the meta-analyses of combined GWAS and Metabochip studies. The smallest *P* value for each SNP is shown in bold.

^aThe effect allele is the WHRadjBMI-increasing allele in the sex-combined analysis.

^bTest for sex difference; values significant at the table-wise Bonferroni threshold of $0.05/49=1.02\times 10^{-3}$ are marked in bold.

^cLocus previously named *NISCH-STAB1*. Additional analyses that showed no significant evidence of heterogeneity between studies or due to ascertainment are provided in <u>Supplementary Tables 27</u> and 28 (Supplementary Note). Chr, chromosome; EA, effect allele; EAF, effect allele frequency.

Regional SNP association plots illustrating the complex genetic architecture at two WHRadjBMI loci

Sex-combined meta-analysis SNP associations in European individuals were plotted with –log10 P values (left y-axis) and estimated local recombination rate in blue (right y-axis). Three index SNPs near HOXC6-HOXC13 (a–c) and four near TBX15-WARS2-SPAG17 (d–g) were identified through approximate conditional analyses of sex-combined or sex-specific associations (values shown as Pconditional <5×10–8, see Methods). The signals are distinguished by both color and shape, and linkage disequilibrium (r2) of nearby SNPs is shown by color intensity gradient.

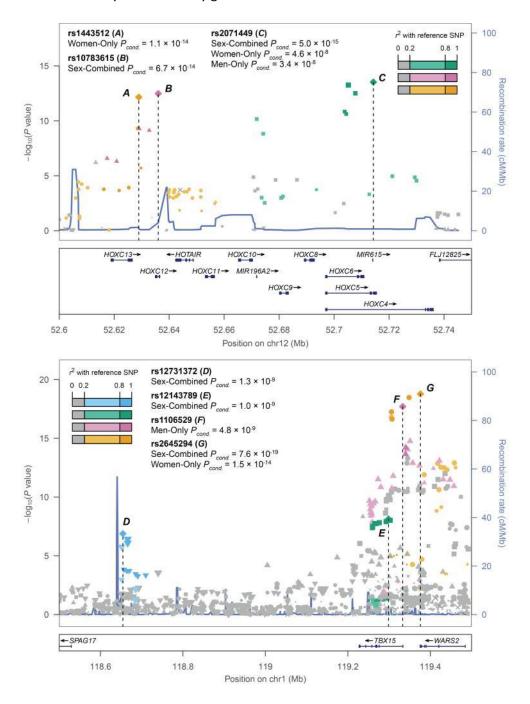


Fig 1

Table 2

Candidate genes at new WHRadjBMI loci

Califuldate g	ches at new	w iikaujDivii k				
~~~~	_	Expression QTL	GRAIL	DEPICT	d	Other GWAS
SNP	Locus	$(P < 10^{-5})^{\frac{a}{2}}$	( <i>P</i> <0.05) ^b	(FDR<0.05) ^{<u>c</u>}	Literature ^{<u>u</u>}	signals ^e
rs905938	DCST2	<i>ZBTB7B</i> (PB, Blood)	-	-	-	-
rs10919388	GORAB	-	-	-	-	-
rs1385167	MEIS1	-	-	-	MEIS1	-
rs1569135	CALCRL	-	TFPI	-	CALCRL	-
rs10804591	PLXND1	-	-	-	PLXND1	-
rs17451107	LEKR1	TIPARP (S,O), LEKR1 (S)	-	-	-	Birthweight: CCNL1, LEKR1
rs3805389	NMU	-	-	-	NMU	-
rs9991328	FAM13A	<i>FAM13A</i> (S)	-	FAM13A	-	FI: <i>FAM13A</i>
rs303084	SPATA5- FGF2	-	FGF2	-	FGF2, NUDT6, SPRY1	-
rs9687846	MAP3K1	-	MAP3K1	-	MAP3K1	FI, TG: ANKRD55, MAP3K1
rs6556301	FGFR4	-	MXD3	-	FGFR4	Height
rs7759742	BTNL2	HLA-DRA (S), KLHL31 (S)	-	(not analyzed)	-	-
rs1776897	HMGA1	-	-	(not analyzed)	HMGA1	Height: HMGA1, C6orf106, LBH
rs1534696	SNX10	<i>SNX10</i> (S), <i>CBX3</i> (S)	-	-	SNX10	-
rs7801581	HOXA11	-	HOXA11	HOXA11	HOXA11	-
rs7830933	NKX2-6	STC1 (S)	-	-	NKX2-6, STC1	-
rs12679556	MSC	-	EYA1	RP11- 1102P16.1	MSC, EYA1	-
rs10991437	ABCA1	-	-	-	ABCA1	-
rs7917772	SFXN2	-	-	-	SFXN2	Height
rs11231693	MACROD1- VEGFB	-	VEGFB	MACROD1	MACROD1, VEGFB	-
rs4765219	CCDC92	CCDC92 (S, O, L), ZNF664 (S, O)	FAM101A	-	-	Adiponectin, FI, HDL, TG: CCDC92, ZNF664
rs8042543	KLF13	-	KLF13	-	KLF13	-
rs8030605	RFX7	-		-	-	-

SNP	Locus	Expression QTL (P<10 ⁻⁵ ) ^{<u>a</u>}	GRAIL ( <i>P</i> <0.05) ^b	DEPICT (FDR<0.05) ^c	Literature ^d	Other GWAS signals ^e
rs1440372	SMAD6	SMAD6 (Blood)	SMAD6	SMAD6	SMAD6	Height
rs2925979	CMIP	CMIP (S)	-	-	CMIP, PLCG2	Adiponectin, FI, HDL: CMIP
rs4646404	PEMT	-	-	PEMT	PEMT	-
rs8066985	KCNJ2	-	-	-	KCNJ2	-
rs12454712	BCL2	-	-	-	BCL2	-
rs12608504	JUND	KIAA1683 (PB, O), JUND (LCL)	JUND	-	JUND	-
rs4081724	CEBPA	-	CEBPA	-	CEBPA, CEBPG	-
rs979012	BMP2	-	BMP2	BMP2	BMP2	Height: BMP2
rs224333	GDF5	CEP250 (S, O), UQCC (Blood, S, O, L, LCL)	GDF5	GDF5	GDF5	Height: GDF5, UQCC
rs6090583	EYA2	-	EYA2	EYA2	EYA2	-

Candidate genes based on secondary analyses or literature review. Details are provided in <u>Supplementary Tables 8-9, 11-13, 15, 19, 21 and the Supplementary Note</u>. The only nonsynonymous variant in high LD with an index SNP was *GDF5* S276A. No copy number variants were identified.

^aGene transcript levels associated with the SNP in the indicated tissue(s): PB, peripheral blood mononuclear cells; S, subcutaneous adipose; O, omental adipose; L, liver; lcl, lymphoblastoid cell line.

^bGenes in pathways identified as enriched by GRAIL analysis

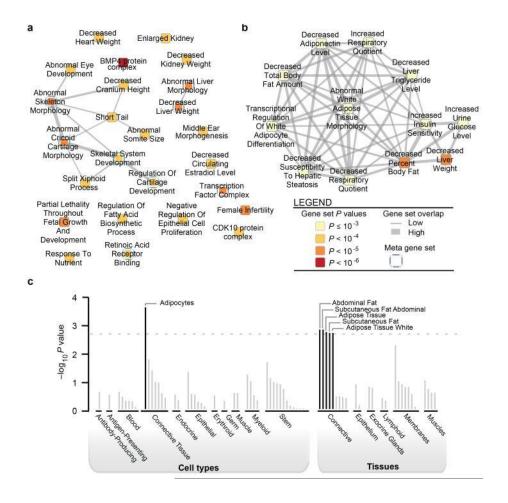
^cSignificant pathway genes derived by DEPICT using GWAS-only results.

^dMost plausible candidate genes based on literature review.

^eTraits associated at  $P < 5 \times 10^{-8}$  in GWAS or the GWAS catalog using the index SNP or a proxy, and the genes(s) named. FI, fasting insulin adjusted for BMI; HDL, high-density lipoprotein cholesterol; tg, triglycerides.

Fig.2

Gene set enrichment and tissue expression of genes at WHRadjBMI-associated loci (GWAS-only P<10-5)



a, Reconstituted gene sets found to be significantly enriched by DEPICT (FDR<5%) are represented as nodes, with pairwise overlap denoted by the width of connecting lines and empirical enrichment P value indicated by color intensity (darker is more significant). b, The 'Decreased Liver Weight' meta-node, which consisted of 12 overlapping gene sets, including adiponectin signaling and insulin sensitivity. c, Based on expression patterns in 37,427 human microarray samples, annotations found to be significantly enriched by DEPICT are shown, grouped by type and significance.

# Table 3

New loci achieving genome-wide evidence of association ( $P < 5 \times 10^{-8}$ ) with additional waist and hip circumference traits

					Sex-combined			V	Vom	en		1	Sex diff.		
SNP	Trait	Ch r	Locus	E A ^a		β	Р	N	β	Р	N	β	Р	N	P ^b
Loci achi meta-ana		ome	e-wide sig	nifi	canc	e in l	Euroj	pean-ai	ncestr	V					
							2.2			6.8			9.1		1.7
rs109250 60	WCadjB MI	1	OR2W5 -NLRP3	Т	0.0 3	0.01 7	E- 05	140,5 15	0.00 2	E- 01	85,18 6	0.04 5	E- 13	55,52 2	E- 08
rs109299					05	0.02	4.5 E-	207,6	0.02	9.0 E-	115,4	0.01	3.2 E-	92,49	6.1 E-
25	HIP	2	SOX11	С	5	0	08	48	1	06	28	8	04	9	01
rs212496	WCadjB					0.02		231,2	0.01	3.5 E-	127,4	0.02	2.3 E-	104,0	1.4 E-
9	MI	2	ITGB6	С	2	0	<b>09</b> 3.1	84	6	04 1.0	37	5	07 <b>4.3</b>	39	01 <b>3.9</b>
rs174724 26	WCadjB MI	5	CCNJL	Т	0.9 2	0.01 4		217,5 64	-0.0 14	E- 01	119,8 04	0.05 2	E- 08	97,95 4	E- 08
rs773923	HIPadjB		KLHL3		0.0	0.03	5.4 E-	131,8	0.06	1.0 E-	80,47	-0.0	7.5 E-	51,58	2.9 E-
2	MI	6	1	A		7	05	77	3	08	5	04	01	9	05
rs132415 38	HIPadjB MI	7	KLF14	C	0.4 8	0.01 7	1.6 E- 06	210,9 35	0.03 3	9.9 E- 14	117,2 10	-0.0 03	5.0 E- 01	93,91 1	2.0 E- 09
rs704410	UIDad;D				0.2	0.02	4.1 E	143,4	0.02	5.7 E	96 72	_0.0	6.9 E-	56,86	1.3 F
6	тіғаајы МІ	9	<i>C5</i>	С	4	3	E- 05	143,4	0.03 9	E- 09	86,73 3	$-0.0 \\ 03$	E- 01	5	E- 05
rs116079 76			MYEOV					212,8 15	0.01 9	1.9 E- 04	118,3 91	0.02 4	7.7 E- 06	94,70 1	4.4 E- 01
							1.3			9.9			1.0		1.2
rs178420 3	WCadjB MI	11				0.03	E- 08	,	0.00	E- 01	,	0.07 5	E- 19	28,35 3	E- 01
rs139446 1	WHR	11	CNTN5	C		0.01 7	4.7 E- 04	144,3 49	0.03 5	3.6 E- 08	87,44 1	-0.0 11	1.6 E- 01	57,09 4	1.1 E- 06
-	,,, <b>11</b> 1	11	CI 1110	C			3.4			5.3			1.6		6.0
rs319564	WHR	13	GPC6	С				212,1 37	0.00 3	E- 01	117,9 70	0.02 7	E- 08	94,35 0	E- 05
rs204793 7	WCadjB MI	16	ZNF423	C				231,0 09			127,2 88		3.6 E-	103,9 14	2.0 E-

						Sex-combined		V	Vom	en		1	Sex diff.		
SNP	Trait	Ch r	Locus	E A ^a	EA F	β	Р	N	β	Р	N	β	Р	N	P ^b
							08			07			03		01
							4.8			9.6			6.5		2.5
rs203408	HIPadjB				0.5	0.02	E-	210,7	0.02	E-	117,1	0.01	E-	93,78	E-
8	MĨ	17	VPS53	Т	3	1	09	37	8	10	42	4	03	1	02
							3.9			1.8			5.1		6.2
rs105359	HIPadjB		HMGX		0.6	0.02		202,0	0.02		114,3	0.01		87,90	
3	MI	22	<i>B4</i>	Т	5	1	08	70	9	09	47	1	02	8	03

Loci achieving genome-wide significance in all-ancestry metaanalyses

rs166478 9	WCadjB MI	5	ARL15	C	0.4 1	0.01 4	2.6 E- 05	244,1 10	0.00 5	2.8 E- 01	133,0 52	0.02 6	3.6 E- 08	109,0 25	4.4 E- 04
rs722585	HIPadjB MI	6	GMDS	G	0.6 8	0.01 5	2.1 E- 04	205,8 15	-0.0 01	8.8 E- 01	113,9 65	0.03 2	9.2 E- 09	89,83 1	4.3 E- 06
rs1144	WCadjB MI	7	SRPK2	C	0.3 4	0.01 9	3.1 E- 08	239,3 42	0.02 0	1.2 E- 05	131,3 98	0.01 8	4.1 E- 04	105,9 11	7.8 E- 01
rs239889 3	WHR	9	PTPDC 1	A	0.7 1	0.02	4.0 E- 08	226,5 72	0.01 9	5.1 E- 05	124,5 77	0.01 9	2.7 E- 04	99,96 8	9.5 E- 01
rs498515 5 ^c	HIP	16	PDXDC 1	A	0.6 6	0.01 8	4.5 E- 07	227,2 96	0.01 1	1.6 E- 02	125,0 48	0.02 9	9.7 E- 09	100,3 13	6.3 E- 03

*P* values and  $\beta$  coefficients for the association with the trait indicated in the meta-analysis of combined GWAS and Metabochip studies. The smallest *P* value for each SNP is shown in bold.

^aThe effect allele is the trait-increasing allele in the sex-combined analysis.

^bTest for sex difference; values significant at the table-wise Bonferroni threshold of  $0.05/19=2.63\times10^{-3}$  are marked in bold.

 $^{c}P=7.3\times10^{-6}$  with height in Okada *et al.*⁴³ (index SNP rs1136001;  $r^{2}=0.79$ , distance=2,515 bp). Chr, chromosome; EA, effect allele; EAF, effect allele frequency.