

## Hundreds of variants clustered in genomic loci and biological pathways affect human height

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

Most common human traits and diseases have a polygenic pattern of inheritance: DNA sequence variants at many genetic loci influence the phenotype. Genome-wide association (GWA) studies have identified more than 600 variants associated with human traits<sup>1</sup>, but these typically explain small fractions of phenotypic variation, raising questions about the use of further studies. Here, using 183,727 individuals, we show that hundreds of genetic variants, in at least 180 loci, influence adult height, a highly heritable and classic polygenic trait<sup>2,3</sup>. The large number of loci reveals patterns with important implications for genetic studies of common human diseases and traits. First, the 180 loci are not random, but instead are enriched for genes that are connected in biological pathways (P = 0.016) and that underlie skeletal growth defects (P < 0.001). Second, the likely causal gene is often located near the most strongly associated variant: in 13 of 21 loci containing a known skeletal growth gene, that gene was closest to the associated variant. Third, at least 19 loci have multiple independently associated variants, suggesting that allelic heterogeneity is a frequent feature of polygenic traits, that comprehensive explorations of alreadydiscovered loci should discover additional variants and that an appreciable fraction of associated loci may have been identified. Fourth, associated variants are enriched for likely functional effects on genes, being over-represented among variants that alter amino-acid structure of proteins and expression levels of nearby genes. Our data explain approximately 10% of the phenotypic variation in height, and we estimate that unidentified common variants of similar effect sizes would increase this figure to approximately 16% of phenotypic variation (approximately 20% of heritable variation). Although additional approaches are needed to dissect the genetic architecture of polygenic human traits fully, our findings indicate that GWA studies can identify large numbers of loci that implicate biologically relevant genes and pathways.

In stage 1 of our study, we performed a meta-analysis of GWA data from 46 studies, comprising 133,653 individuals of recent European ancestry, to identify common genetic variation associated with adult height. To enable meta-analysis of studies across different genotyping platforms, we performed imputation of 2,834,208 single nucleotide polymorphisms (SNPs) present in the HapMap Phase 2 European-American reference panel<sup>4</sup>. After applying quality control filters, each individual study tested the association of adult height with each SNP using an additive model (Supplementary Methods). The individual study statistics were corrected using the genomic control method<sup>5,6</sup> and then combined in a fixed effects based meta-analysis. We then applied a second genomic control correction on the meta-analysis statistics, although this approach may be overly conservative when there are many real signals of association (Supplementary Methods). We detected 207 loci (defined as 1 megabase (Mb) on either side of the most strongly associated SNP) as potentially associated with adult height  $(P < 5 \times 10^{-6})$ .

To identify loci robustly associated with adult height, we took forward at least one SNP (Supplementary Methods) from each of the 207 loci reaching  $P < 5 \times 10^{-6}$  into an additional 50,074 samples (stage 2) that became available after completion of our initial meta-analysis. In

the joint analysis of our stage 1 and stage 2 studies, SNPs representing 180 loci reached genome-wide significance ( $P < 5 \times 10^{-8}$ ; Supplementary Figs 1 and 2 and Supplementary Table 1). Additional tests, including genotyping of a randomly-selected subset of 33 SNPs in an independent sample of individuals from the fifth to tenth and ninetieth to ninety-fifth percentiles of the height distribution (n = 3,190)<sup>7</sup>, provided further validation of our results, with all but two SNPs showing consistent direction of effect (sign test  $P < 7 \times 10^{-8}$ ) (Supplementary Methods and Supplementary Table 2).

Genome-wide association studies can be susceptible to false positive associations from population stratification<sup>7</sup>. We therefore performed a family-based analysis, which is immune to population stratification, in 7,336 individuals from two cohorts with pedigree information. Alleles representing 150 of the 180 genome-wide significant loci were associated in the expected direction (sign test  $P < 6 \times 10^{-20}$ ; Supplementary Table 3). The estimated effects on height were essentially identical in the overall meta-analysis and the family-based sample. Together with several other lines of evidence (Supplementary Methods), this indicates that stratification is not substantially inflating the test statistics in our meta-analysis.

Common genetic variants have typically explained only a small proportion of the heritable component of phenotypic variation<sup>8</sup>. This is particularly true for height, where more than 80% of the variation within a given population is estimated to be attributable to additive genetic factors<sup>9</sup>, but over 40 previously published variants explain less than 5% of the variance<sup>10–17</sup>. One possible explanation is that many common variants of small effects contribute to phenotypic variation, and current GWA studies remain underpowered to detect most common variants. Using five studies not included in stage 1, we found that the 180 associated SNPs explained on average 10.5% (range 7.9-11.2%) of the variance in adult height (Supplementary Methods). Including SNPs associated with height at lower significance levels<sup>18</sup>  $(0.05>P>5\times10^{-8})$  increased the variance explained to 13.3% (range 9.7–16.8%) (Fig. 1a). In addition, we found no evidence that non-additive effects including genegene interaction would increase the proportion of the phenotypic variance explained (Supplementary Methods and Supplementary Tables 5

As a separate approach, we used a recently developed method<sup>19</sup> to estimate the total number of independent height-associated variants with effect sizes similar to the ones identified. We obtained this estimate using the distribution of effect sizes observed in stage 2 and the power to detect an association in stage 1, given these effect sizes (Supplementary Methods). The cumulative distribution of height loci, including those we identified and others as yet undetected, is shown in Fig. 1b. We estimate that there are 697 loci (95% confidence interval: 483-1040) with effects equal or greater than those identified, which together would explain approximately 15.7% of the phenotypic variation in height or 19.6% (95% confidence interval: 16.2-25.6) of height heritability (Supplementary Table 4). We estimated that a sample size of 500,000 would detect 99.6% of these loci at  $P < 5 \times 10^{-8}$ . This figure does not account for variants that have effect sizes smaller than those observed in the current study and, therefore, underestimates the contribution of undiscovered common genetic variants to phenotypic variation.

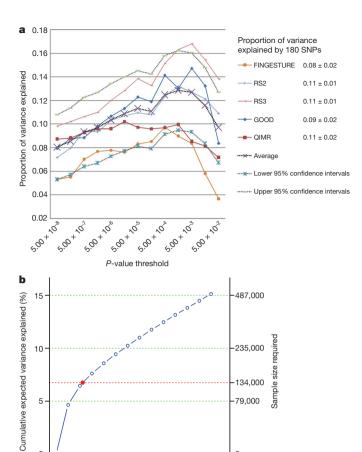


Figure 1 | Phenotypic variance explained by common variants. a, Variance explained is higher when SNPs not reaching genome-wide significance are included in the prediction model. The y axis represents the proportion of variance explained at different P-value thresholds from stage 1. Results are given for five studies that were not part of stage 1. The proportion of variation explained by the 180 SNPs is shown in the column to the right of the graph. b, Cumulative number of susceptibility loci expected to be discovered, including already identified loci and as yet undetected loci. The projections are based on loci that achieved a significance level of  $P < 5 \times 10^{-8}$  in the initial scan and the distribution of their effect sizes in stage 2. The dotted red line corresponds to expected phenotypic variance explained by the 110 loci that reached genomewide significance in stage 1, were replicated in stage 2 and had at least 1% power.

200

100

400 500 600

300 Cumulative expected number of loci

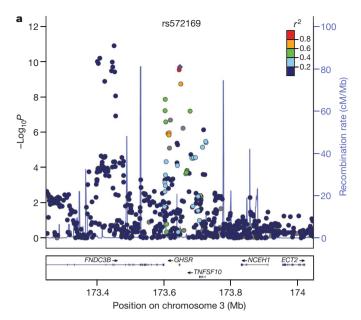
A further possible source of missing heritability is allelic heterogeneity: the presence of multiple, independent variants influencing a trait at the same locus. We performed genome-wide conditional analyses in a subset of stage 1 studies, including a total of 106,336 individuals. Each study repeated the primary GWA analysis but additionally adjusted for SNPs representing the 180 loci associated at  $P < 5 \times 10^{-6}$  (Supplementary Methods). We then meta-analysed these studies in the same way as for the primary GWA study meta-analysis. Nineteen SNPs within the 180 loci were associated with height at  $P < 3.3 \times 10^{-7}$  (a Bonferroni-corrected significance threshold calculated from the approximately 15% of the genome covered by the conditioned 2 Mb loci; Table 1, Fig. 2, Supplementary Methods and Supplementary Figs 1 and 3). The distances of the second signals to the lead SNPs suggested that both are likely to be affecting the same gene, rather than being coincidentally in close proximity. At 17 of 17 loci (excluding two contiguous loci in the HMGA1 region), the second signal occurred within 500 kilobases (kb), rather than between 500 kb and 1 Mb, of this lead SNP (binomial test  $P = 2 \times 10^{-5}$ ). Further analyses of allelic heterogeneity may identify additional variants that increase the proportion of variance explained. For example, within the 180 2-Mb loci, a total of 45 independent SNPs reached  $P < 1 \times 10^{-5}$  when we would expect less than 2 by chance.

Although GWA studies have identified many variants robustly associated with common human diseases and traits, the biological significance of these variants, and the genes on which they act, is often unclear. We first tested the overlap between the 180 height-associated variants and two types of putatively functional variants, non-synonymous (ns) SNPs and cis-expression quantitative trait loci (cis-eQTLs, variants strongly associated with expression of nearby genes). Height variants were 2.4-fold more likely to overlap with cis-eQTLs in lymphocytes than expected by chance (47 variants:  $P = 4.7 \times 10^{-11}$ ) (Supplementary Table 7) and 1.7-fold more likely to be closely correlated ( $r^2 \ge 0.8$  in the HapMap CEU sample) with nsSNPs (24 variants, P = 0.004) (Supplementary Methods and Supplementary Table 8). Although the presence of a correlated cis-eQTL or nsSNP at an individual locus does not establish the causality of any particular variant, this enrichment shows that common functional variants contribute to the causal variants at height-associated loci. We also noted five loci where the height associated variant was strongly correlated ( $r^2 > 0.8$ ) with variants associated with other traits and diseases ( $P < 5 \times 10^{-8}$ ), including bone mineral density, rheumatoid arthritis, type 1 diabetes, psoriasis and obesity, suggesting that these variants have pleiotropic effects on human phenotypes (Supplementary Methods and Supplementary Table 9).

Table 1 | Secondary signals at associated loci after conditional analysis

Second signal SNP	Conditioned SNP	Chromosome	Second signal SNP position	Distance of conditioned SNP from index SNP (base pairs)	HapMap* r <sup>2</sup>	Second signal P value after conditioning	Second signal P value pre-conditioning	Gene†
rs2280470	rs16942341	15	87,196,630	6,721	0.009	$1 \times 10^{-14}$	$1 \times 10^{-15}$	ACAN
rs10859563	rs11107116	12	92,644,470	141,835	0.003	$3 \times 10^{-12}$	$8 \times 10^{-10}$	SOCS2
rs750460	rs5742915	15	72,028,559	95,127	0.004	$4 \times 10^{-12}$	$7 \times 10^{-8}$	PML
rs6938239	rs2780226‡	6	34,791,613	484,583	0.019	$6 \times 10^{-12}$	$9 \times 10^{-14}$	HMGA1
rs7652177	rs572169	3	173,451,771	196,650	0.006	$7 \times 10^{-11}$	$1 \times 10^{-11}$	GHSR
rs7916441	rs2145998	10	80,595,583	196,119	0.112	$6 \times 10^{-10}$	$3 \times 10^{-7}$	PPIF
rs3792752	rs1173727	5	32,804,391	61,887	0.020	$7 \times 10^{-10}$	$4 \times 10^{-8}$	NPR3
rs10958476	rs7460090	8	57,258,362	98,355	0.020	$1 \times 10^{-9}$	$5 \times 10^{-13}$	SDR16C5
rs2353398	rs7689420	4	145,742,208	45,594	0.022	$2 \times 10^{-9}$	$1 \times 10^{-10}$	HHIP
rs2724475	rs6449353	4	17,555,530	87,056	0.098	$2 \times 10^{-9}$	$8 \times 10^{-16}$	LCORL
rs2070776	rs2665838	17	59,361,230	41,033	0.150	$9 \times 10^{-9}$	$1 \times 10^{-14}$	GH region
rs1401796	rs227724	17	52,194,758	60,942	0.005	$2 \times 10^{-8}$	$7 \times 10^{-7}$	NOG
rs4711336	rs2780226‡	6	33,767,024	540,046	0.111	$3 \times 10^{-8}$	$5 \times 10^{-8}$	HMGA1
rs6892884	rs12153391	5	170,948,228	187,815	0.000	$4 \times 10^{-8}$	$2 \times 10^{-5}$	FBXW11
rs1367226	rs3791675	2	55,943,044	21,769	0.204	$4 \times 10^{-8}$	0.1245	EFEMP1
rs2421992	rs17346452	1	170,507,874	187,964	0.019	$5 \times 10^{-8}$	$1 \times 10^{-5}$	DNM3
rs225694	rs7763064	6	142,568,835	270,147	0.001	$1 \times 10^{-7}$	$2 \times 10^{-6}$	GPR126
rs10187066	rs12470505	2	219,223,003	393,610	0.022	$2 \times 10^{-7}$	$5 \times 10^{-8}$	IHH
rs879882	rs2256183	6	31,247,431	241,077	0.016	$2 \times 10^{-7}$	$8 \times 10^{-8}$	MICA

HapMap CEU phase II release 23, †Nearest gene unless there is a known skeletal growth disorder gene in the locus. Positions are based on National Center for Biotechnology Information build 36, †Nearest conditioned SNP where second signal occurs within 1 Mb of two conditioned SNPs



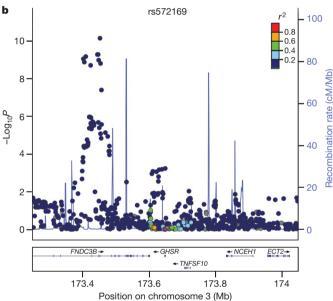


Figure 2 | Example of a locus with a secondary signal before (a) and after (b) conditioning. The plot is centred on the conditioned SNP (purple diamond) at the locus. The values of  $r^2$  are based on the CEU HapMap II samples. The blue line and right-hand y axis represent CEU HapMap II recombination rates. The figure was created using LocusZoom (http://csg.sph.umich.edu/locuszoom/).

We next addressed the extent to which height variants cluster near biologically relevant genes; specifically, genes mutated in human syndromes characterized by abnormal skeletal growth. We limited this analysis to the 652 genes occurring within the recombination hotspotbounded regions surrounding each of the 180 index SNPs. We showed that the 180 loci associated with variation in normal height contained 21 of 241 genes (8.7%) found to underlie such syndromes (Supplementary Fig. 1 and Supplementary Table 10), compared with a median of 8 (range 1-19) genes identified in 1,000 matched control sets of regions (P < 0.001: 0 observations of 21 or more skeletal growth genes among)1,000 sets of matched SNPs). In 13 of these 21 loci the closest gene to the most associated height SNP in the region is the growth disorder gene, and in nine of these cases the most strongly associated height SNP is located within the growth disorder gene itself (Supplementary Methods and Supplementary Table 11). These results suggest that GWA studies may provide more clues about the identity of the functional genes at each locus than previously suspected.

We also investigated whether significant and relevant biological connections exist between the genes within the 180 loci, using two different computational approaches. We used the GRAIL text-mining algorithm to search for connectivity between genes near the associated SNPs, based on existing literature<sup>20</sup>. Of the 180 loci, 42 contained genes that were connected by existing literature to genes in the other associated loci (the pair of connected genes appear in articles that share scientific terms more often than expected at P < 0.01). For comparison, when we used GRAIL to score 1,000 sets of 180 SNPs not associated with height (but matched for number of nearby genes, gene proximity and allele frequency), we only observed 16 sets with 42 or more loci with a connectivity P < 0.01, thus providing strong statistical evidence that the height loci are functionally related (P = 0.016) (Fig. 3a). For the 42 regions with GRAIL connectivity P < 0.01, the implicated genes and SNPs are highlighted in Fig. 3b. The most strongly connected genes include those in the Hedgehog, TGF- $\beta$  and growth hormone pathways.

As a second approach to find biological connections, we applied a novel implementation of gene set enrichment analysis (meta-analysis gene-set enrichment of variant associations, MAGENTA<sup>21</sup>) to perform pathway analysis (Supplementary Methods). This analysis revealed 17 different biological pathways and 14 molecular functions nominally enriched (P < 0.05) for associated genes, many of which lie within the validated height loci. These gene-sets include previously reported<sup>11,13</sup> (for example, Hedgehog signalling) and novel (for example, TGF-β signalling, histones, and growth and development-related) pathways and molecular functions (Supplementary Table 12). Several SNPs near genes in these pathways narrowly missed genome-wide significance, suggesting that these pathways likely contain additional associated variants. These results provide complementary evidence for some of the genes and pathways highlighted in the GRAIL analysis. For instance, genes such as TGFB2 and LTBP1-3 highlight a role for the TGF-β signalling pathway in regulating human height, consistent with the implication of this pathway in Marfan syndrome<sup>22</sup>.

Finally, to examine the evidence for the potential involvement of specific genes at individual loci, we aggregated evidence from our data (expression quantitative trait loci, proximity to the associated variant, pathway-based analyses), and human and mouse genetic databases (Supplementary Table 13). Of 32 genes with highly correlated  $(r^2>0.8)$  nsSNPs, several are newly identified strong candidates for playing a role in human growth. Some are in pathways enriched in our study (such as ECM2, implicated in extracellular matrix), whereas others have similar functions to known growth-related genes, including FGFR4 (FGFR3 underlies several classic skeletal dysplasias<sup>23</sup>) and STAT2 (STAT5B mutations cause growth defects in humans<sup>24</sup>). Interestingly, Fgfr4<sup>-/-</sup> Fgfr3<sup>-/-</sup> mice show severe growth retardation not seen in either single mutant<sup>25</sup>, suggesting that the FGFR4 variant might modify FGFR3-mediated skeletal dysplasias. Other genes at associated loci, such as NPPC and NPR3 (encoding the C-type natriuretic peptide and its receptor), influence skeletal growth in mice and will likely also influence human growth<sup>17</sup>. Many of the remaining 180 loci have no genes with obvious connections to growth biology, but at some our data provide modest supporting evidence for particular genes, including C3orf63, PML, CCDC91, ZNFX1, ID4, RYBP, SEPT2, ANKRD13B, FOLH1, LRRC37B, MFAP2, SLBP, SOCS5 and ZBTB24 (Supplementary Table 13).

We have identified more than 100 novel loci that influence the classic polygenic trait of normal variation in human height, bringing the total to 180. Our results have potential general implications for genetic studies of complex traits. We show that loci identified by GWA studies highlight relevant genes: the 180 loci associated with height are non-randomly clustered within biologically relevant pathways and are enriched for genes that are involved in growth-related processes, that underlie syndromes of abnormal skeletal growth and that are directly relevant to growth-modulating therapies (*GH1*, *IGF1R*, *CYP19A1*, *ESR1*). The large number of loci with clearly relevant genes suggests that the remaining loci could provide potential clues to important and novel biology.

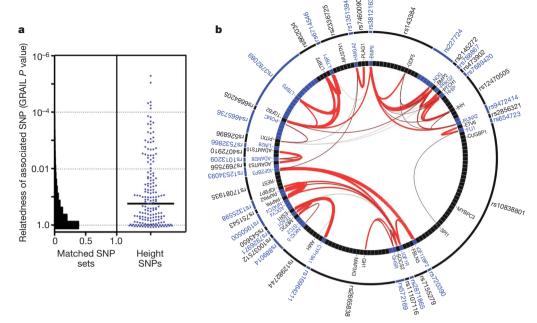


Figure 3 | Loci associated with height contain genes related to each other. a, One hundred and eighty height-associated SNPs. The y-axis plots GRAIL P values on a log scale. The histogram corresponds to the distribution of GRAIL P values for 1,000 sets of 180 matched SNPs. The scatter plot represents GRAIL results for the 180 height SNPs (blue dots). The black horizontal line marks the median of the GRAIL P values (P = 0.14). The top ten keywords linking the

genes were: 'growth', 'kinase', 'factor', 'transcription', 'signalling', 'binding', 'differentiation', 'development', 'insulin', 'bone'. **b**, Representation of the connections between SNPs and corresponding genes for the 42 SNPs with GRAIL P < 0.01. Thicker and redder lines imply stronger literature-based connectivity.

We provide the strongest evidence yet that the causal gene will often be located near the most strongly associated DNA sequence variant. At the 21 loci containing a known growth disorder gene, that gene was on average 81 kb from the associated variant, and in over half of the loci it was the closest gene to the associated variant. Despite recent doubts about the benefits of GWA studies<sup>26</sup>, this finding suggests that GWA studies are useful mapping tools to highlight genes that merit further study. The presence of multiple variants within associated loci could help localize the relevant genes within these loci.

By increasing our sample size to more than 100,000 individuals, we identified common variants that account for approximately 10% of phenotypic variation. Although larger than predicted by some models<sup>26</sup>, this figure suggests that GWA studies, as currently implemented, will not explain most of the estimated 80% contribution of genetic factors to variation in height. This conclusion supports the idea that biological insights, rather than predictive power, will be the main outcome of this initial wave of GWA studies, and that new approaches, which could include sequencing studies or GWA studies targeting variants of lower frequency, will be needed to account for more of the 'missing' heritability. Our finding that many loci exhibit allelic heterogeneity suggests that many as yet unidentified causal variants, including common variants, will map to the loci already identified in GWA studies, and that the fraction of causal loci that have been identified could be substantially greater than the fraction of causal variants that have been identified.

In our study, many associated variants are tightly correlated with common nsSNPs, which would not be expected if these associated common variants were proxies for collections of rare causal variants, as has been proposed<sup>27</sup>. Although a substantial contribution to heritability by less common and/or quite rare variants may be more plausible, our data are not inconsistent with the recent suggestion<sup>28</sup> that many common variants of very small effect mostly explain the regulation of height.

In summary, our findings indicate that additional approaches, including those aimed at less common variants, will likely be needed to dissect more completely the genetic component of complex human traits. Our results also strongly demonstrate that GWA studies can

identify many loci that together implicate biologically relevant pathways and mechanisms. We envisage that thorough exploration of the genes at associated loci through additional genetic, functional and computational studies will lead to novel insights into human height and other polygenic traits and diseases.

## **METHODS SUMMARY**

A summary of the methods, together with a full description of genome-wide association analyses and follow-up analyses of loci and variants, can be found in Supplementary Information.

## Received 23 April; accepted 28 July 2010. Published online 29 September 2010.

- Hindorff, L. A. et al. Potential etiologic and functional implications of genome-wide association loci for human diseases and traits. Proc. Natl Acad. Sci. USA 106, 9362–9367 (2009).
- Galton, F. Regression towards mediocrity in hereditary stature. J. R. Anthropol. Inst. 5, 329–348 (1885).
- Fisher, R. A. The correlation between relatives on the supposition of Mendelian inheritance. *Trans. R. Soc. Edinb.* 52, 399–433 (1918).
- Frazer, K. A. et al. A second generation human haplotype map of over 3.1 million SNPs. Nature 449, 851–861 (2007).
- Devlin, B. & Roeder, K. Genomic control for association studies. *Biometrics* 55, 997–1004 (1999).
- Reich, D. E. & Goldstein, D. B. Detecting association in a case-control study while correcting for population stratification. 20, 4–16 (2001).
- Campbell, C. D. et al. Demonstrating stratification in a European American population. Nature Genet. 37, 868–872 (2005).
- Manolio, T. A. et al. Finding the missing heritability of complex diseases. Nature 461, 747–753 (2009).
- Visscher, P. M. et al. Assumption-free estimation of heritability from genome-wide identity-by-descent sharing between full siblings. PLoS Genet. 2, e41 (2006).
- Weedon, M. N. et al. A common variant of HMGA2 is associated with adult and childhood height in the general population. Nature Genet. 39, 1245–1250 (2007).
- Weedon, M. N. et al. Genome-wide association analysis identifies 20 loci that influence adult height. Nature Genet. 40, 575–583 (2008).
- 12. Sanna, S. et al. Common variants in the GDF5-UQCC region are associated with variation in human height. Nature Genet. 40, 198–203 (2008).
- Lettre, G. et al. Identification of ten loci associated with height highlights new biological pathways in human growth. Nature Genet. 40, 584–591 (2008).
- Soranzo, N., Rivadeneira, F., Chinappen-Horsley, U. & Malkina, I. Meta-analysis of genome-wide scans for human adult stature in humans identifies novel loci and

- associations with measures of skeletal frame size. *PLoS Genet.* **5**, e1000445 (2009).
- Gudbjartsson, D. F. et al. Many sequence variants affecting diversity of adult human height. Nature Genet. 40, 609–615 (2008).
- Johansson, A. et al. Common variants in the JAZF1 gene associated with height identified by linkage and genome-wide association analysis. *Hum. Mol. Genet.* 18, 373–380 (2009).
- Estrada, K. et al. A genome-wide association study of northwestern Europeans involves the C-type natriuretic peptide signaling pathway in the etiology of human height variation. Hum. Mol. Genet. 18, 3516–3524 (2009).
- Purcell, S. M. et al. Common polygenic variation contributes to risk of schizophrenia and bipolar disorder. Nature 460, 748–752 (2009).
- Park, J. H. et al. Estimation of effect size distribution from genome-wide association studies and implications for future discoveries. Nature Genet. 42, 570–575 (2010).
- Raychaudhuri, S. et al. Identifying relationships among genomic disease regions: predicting genes at pathogenic SNP associations and rare deletions. PLoS Genet. 5, e1000534 (2009).
- Segrè, A. V. et al. Common inherited variation in mitochondrial genes is not enriched for associations with type 2 diabetes or related glycemic traits. PLoS Genet. 6, e1001058 (2010).
- 22. Neptune, E. R. *et al.* Dysregulation of TGF-β activation contributes to pathogenesis in Marfan syndrome. *Nature Genet.* **33**, 407–411 (2003).
- Superti-Furga, A. & Unger, S. Nosology and classification of genetic skeletal disorders: 2006 revision. Am. J. Med. Genet. A 143, 1–18 (2007).
- Kofoed, E. M. et al. Growth hormone insensitivity associated with a STAT5b mutation. N. Engl. J. Med. 349, 1139–1147 (2003).
- Weinstein, M., Xu, X., Ohyama, K. & Deng, C. X. FGFR-3 and FGFR-4 function cooperatively to direct alveogenesis in the murine lung. *Development* 125, 3615–3623 (1998).
- Goldstein, D. B. Common genetic variation and human traits. N. Engl. J. Med. 360, 1696–1698 (2009).
- Dickson, S. P., Wang, K., Krantz, I., Hakonarson, H. & Goldstein, D. B. Rare variants create synthetic genome-wide associations. *PLoS Biol.* 8, e1000294 (2010).
- Yang, J. et al. Common SNPs explain a large proportion of the heritability for human height. Nature Genet. 42, 565–569 (2010).

**Supplementary Information** is linked to the online version of the paper at www.nature.com/nature.

**Acknowledgements** Several participating studies are members of the CHARGE and ENGAGE consortia. We acknowledge funding from the following organizations: the Academy of Finland (104781, 117797, 120315, 121584, 126925, 129269, 129494, 129680, 213506); Affymetrix for genotyping services (N02-HL-6-4278); Agency for Science, Technology and Research of Singapore; ALF/LUA Gothenburg; Althingi (the Icelandic Parliament); Amgen; AstraZeneca AB; Australian National Health and Medical Research Council (241944, 389875, 389891, 389892, 389938, 442915, 442981, 496739, 496688, 552485, 613672); Australian Research Council (DP0770096); Biocentrum Helsinki; Boston Obesity Nutrition Research Center (DK46200); British Diabetes Association; British Heart Foundation (PG/02/128); British Heart Foundation Centre for Research Excellence, Oxford; CamStrad; Cancer Research UK; Centre for Neurogenomics and Cognitive Research; Chief Scientist Office of the Scottish Government (CZB/4/279); Council of Health of the Academy of Finland; DIAB Core project of the German Network of Diabetes; Diabetes UK; Donald W. Reynolds Foundation; Emil and Vera Cornell Foundation; Erasmus MC; Estonian Government (SF0180142s08); European Commission (201413, ECOGENE:205419, BBMRI:212111. OPENGENE:245536. ENGAGE:HEALTH-F4-2007-201413. EURODIA:LSHG-CT-2004-518153, EU/WLRT-2001-01254, HEALTH-F2-2008-ENGAGE, HEALTH-F4-2007-201550, LSH-2006-037593, LSHG-CT-2006-018947, LSHG-CT-2006-01947, Procardis: LSHM-CT-2007-037273, POLYGENE: LSHC-CT-2005, QLG1-CT-2000-01643, QLG2-CT-2002-01254, DG XII, Marie Curie Intra-European Fellowship); Eve Appeal; Finnish Ministry of Education; Finnish Diabetes Research Foundation; Finnish Diabetes Research Society; Finnish Foundation for Cardiovascular Research; Finnish Medical Society; Finska Läkaresällskapet; Folkhälsan Research Foundation; Fondation LeDucq; Foundation for Life and Health in Finland; Foundation for Strategic Research; GEN-AU-Programme 'GOLD'; Genetic Association Information Network; German Bundesministerium fuer Forschung und Technology (01 AK 803 A-H, 01 IG 07015 G); German Federal Ministry of Education and Research (01GS0831); German Ministry for Health, Welfare and Sports; German Ministry of Cultural Affairs; German Ministry of Education, Culture and Science; German National Genome Research Net (01GS0823, 01ZZ0103, 01ZZ0403, 01ZZ9603, 03ZIK012); German Research Council (KFO-152); GlaxoSmithKline; Göteborg Medical Society; Gyllenberg Foundation; Helmholtz Center Munich; Juvenile Diabetes Research Foundation International (U01 DK062418); Karolinska Institute; Knut and Alice Wallenberg Foundation; Lundberg Foundation; March of Dimes (6-FY-09-507); MC Health; Medical Research Council UK (G0000649, G0000934, G0500539, G0600331, G0601261, G9521010D, PrevMetSyn); Microarray Core Facility of the Interdisciplinary Centre for Clinical Research (B27); Microarray Core (Nutrition and Obesity Research Control Manufact (P20 NG072898). Missister of Nutrition and Obesity Research Center of Maryland (P30 DK072488); Ministry of Health and Department of Educational Assistance (South Tyrol, Italy); Ministry of Science, Education and Sport of the Republic of Croatia (216-1080315-0302); Montreal Heart Institute Foundation; Narpes Health Care Foundation; National Cancer Institute; National Institute for Health Research Cambridge Biomedical Research Centre; National Institute for Health Research Oxford Biomedical Research Centre; National Institute for Health Research Comprehensive Biomedical Research Centre; National Institutes of Health (263-MA-410953, AA014041, AA07535, AA10248, AA13320, AA13321, AA13326, CA047988, CA49449, CA50385, CA65725, CA67262, CA87969, DA12854, DK062370, DK063491, DK072193, DK079466, DK080145,

DK58845, HG002651, HG005214, HG005581, HL043851, HL084729, HL69757, HL71981, K08-AR055688, K23-DK080145, K99-HL094535, M01-RR00425, MH084698, N01-AG12100, N01-AG12109, N01-HC15103, N01-HC25195, N01-HC35129, N01-HC45133, N01-HC55015, N01-HC55016, N01-HC55018-N01-HC55022, N01-HC55222, N01-HC75150, N01-HC85079-N01-HC85086, N01-HG65403, R01-AG031890, R01 CA104021, R01-DK068336, R01-DK073490, R01-DK075681, R01-DK075787, R01-HL086694, R01-HL087641, R01-HL087647, R01-HL087652, R01-HL087676, R01-HL087679, R01-HL087700, R01-HL088119, R01-HL08/852, R01-HL08/676, R01-HL08/679, R01-HL08/700, R01-HL08/8119, R01-HL59367, R01-MH059160, R01-MH59565, R01-MH59566, R01-MH59571, R01-MH59586, R01-MH59587, R01-MH59588, R01-MH60870, R01-MH60879, R01-MH61675, R01-MH63706, R01-MH67257, R01-MH79469, R01-MH81800, RL1-MH083268, T32-HG00040, U01-CA098233, U01-GM074518, U01-HG004399, U01-HG004402, U01-HL080295, U01-HL084756, U01-HL72515, U01-MH79469, U01-MH79470, U54-RR020278, UL1-RR025005, Z01-AG00675, Z01-AG007380, Z01-HG000024; contract HHSN268200625226C; ADA Mentor-Based Postdoctoral Fellowship; Pew Scholarship for the Biomedical Sciences); Netherlands Genomics Initiative/Netherlands Consortium for Healthy Aging (050-060-810); Netherlands Organisation for Scientific Research (investment number 175.010.2005.011, 911-03-012); Netherlands Organization for the Health Research and Development (10-000-1002); Netherlands Scientific Organization (904-61-090, 904-61-193, 480-04-004, 400-05-717, Center for Medical Systems Biology (NOW Genomics), SPI 56-464-1419); NIA Intramural Research Program; Nordic Center of Excellence in Disease Genetics; Novo Nordisk Foundation; Ollqvist Foundation; Paavo Nurmi Foundation; Perklén Foundation; Petrus and Augusta Hedlunds Foundation; Queensland Institute of Medical Research; Radboud University Nijmegen Medical Centre; Research Institute for Diseases in the Elderly (014-93-015); Royal Swedish Academy of Science; Sahlgrenska Center for Cardiovascular and Metabolic Research (A305:188); Siemens Healthcare, Erlangen, Germany; Signe and Ane Gyllenberg Foundation; Sigrid Juselius Foundation; Social Insurance Institution of Finland; Social Ministry of the Federal State of Mecklenburg-West Pomerania; South Tyrolean Sparkasse Foundation; Stockholm County Council (560183); Support for Science Funding programme; Susan G. Komen Breast Cancer Foundation; Swedish Cancer Society; Swedish Cultural Foundation in Finland; Swedish Foundation for Strategic Research; Swedish Heart-Lung Foundation; Swedish Medical Research Council (K2007-66X-20270-01-3, 8691); Swedish National Cancer Institute; Swedish Research Council; Swedish Society of Medicine; Swiss National Science Foundation (33CSCO-122661); Torsten and Ragnar Söderberg's Foundation; Vandervell Foundation; Västra Götaland Foundation; Wellcome Trust (072960, 075491, 079557, 079895, 083270, 068545/Z/02, 076113/B/04/Z, 076113/C/04/Z, 076113/C/04/ Z, 077016/Z/05/Z, 081682/Z/06/Z, 084183/Z/07/Z, 085301/Z/08/Z, 086596/Z/ 08/Z, 091746/Z/10/Z; Wellcome Trust Research Career Development Fellowship); Western Australian Genetic Epidemiology Resource and the Western Australian DNA Bank (both National Health and Medical Research Council of Australia Enabling Facilities). A detailed list of acknowledgements by study is given in the Supplementary Information.

**Author Contributions** This work was done under the auspices of the Genetic Investigation of ANthropocentric Traits (GIANT) Consortium. Author contributions and roles are listed in the Supplementary Information.

Author Information Reprints and permissions information is available at www.nature.com/reprints. The authors declare no competing financial interests. Readers are welcome to comment on the online version of this article at www.nature.com/nature. Correspondence and requests for materials should be addressed to M.N.W. (michael.weedon@pms.ac.uk), G.R.A. (goncalo@umich.edu), K.S. (kstefans@decode.is), T.M.F. (tim.frayling@pms.ac.uk) or J.N.H. (ioelh@broadinstitute.org).

Hana Lango Allen<sup>1\*</sup>, Karol Estrada<sup>2,3,4\*</sup>, Guillaume Lettre<sup>5,6\*</sup>, Sonja I. Berndt<sup>7\*</sup>, Michael N. Weedon<sup>1\*</sup>, Fernando Rivadeneira<sup>2,3,4\*</sup>, Cristen J. Willer<sup>8</sup>, Anne U. Jackson<sup>8</sup>, Sailaja Vedantam<sup>9,10</sup>, Soumya Raychaudhuri<sup>11,12</sup>, Teresa Ferreira<sup>13</sup>, Andrew R. Wood<sup>1</sup>, Robert J. Weyant<sup>8</sup>, Ayellet V. Segrè<sup>11,14,15</sup>, Elizabeth K. Speliotes<sup>10,16</sup>, Eleanor Wheeler<sup>17</sup>, Nicole Soranzo<sup>17,18</sup>, Ju-Hyun Park<sup>7</sup>, Jian Yang<sup>19</sup>, Daniel Gudbjartsson<sup>20</sup>, Nancy L. Heard-Costa<sup>21</sup>, Joshua C. Randall<sup>13</sup>, Lu Qi<sup>2</sup>2<sup>23</sup>, Albert Vernon Smith<sup>24,25</sup>, Reedik Mägi<sup>13</sup>, Tomi Pastinen<sup>26,27,28</sup>, Liming Liang<sup>29</sup>, Iris M. Heid<sup>30,31</sup>, Jian'an Luan<sup>32</sup>, Gudmar Thorleifsson<sup>20</sup>, Thomas W. Winkler<sup>30</sup>, Michael E. Goddard<sup>33,34</sup>, Ken Sin Lo<sup>5</sup>, Cameron Palmer<sup>9,10</sup>, Tsegaselassie Workalemahu<sup>22</sup>, Yurii S. Aulchenko<sup>2,4</sup>, Åsa Johansson<sup>35,36</sup>, M. Carola Zillikens<sup>3</sup>, Mary F. Feitosa<sup>3†</sup>, Tönu Esko<sup>38,39,40</sup>, Toby Johnson<sup>41,42,43,44</sup>, Shamika Ketkar<sup>37</sup>, Peter Kraft<sup>45,46</sup>, Massimo Mangino<sup>18</sup>, Inga Prokopenko<sup>13,47</sup>, Devin Absher<sup>48</sup>, Eva Albrecht<sup>31</sup>, Florian Ernst<sup>49</sup>, Nicole L. Glazer<sup>50</sup>, Caroline Hayward<sup>51</sup>, Jouke-Jan Hottenga<sup>52</sup>, Kevin B. Jacobs<sup>53</sup>, Joshua W. Knowles<sup>54</sup>, Zoltán Kutalik<sup>41,42</sup>, Keri L. Monda<sup>55</sup>, Ozren Polasek<sup>56,57</sup>, Michael Preuss<sup>58</sup>, Nigel W. Rayner<sup>13,47</sup>, Neil R. Robertson<sup>13,47</sup>, Valgerdur Steinthorsdottir<sup>20</sup>, Jonathan P. Tyrer<sup>59</sup>, Benjamin F. Voight<sup>11,14,15</sup>, Fredrik Wiklund<sup>60</sup>, Jianfeng Xu<sup>61</sup>, Jing Hua Zhaa<sup>32</sup>, Dale R. Nyholt<sup>62</sup>, Niina Pellikka<sup>63,64</sup>, Markus Perola<sup>63,64</sup>, John R. B. Perry<sup>1</sup>, Ida Surakka<sup>63,64</sup>, Mari-Liis Tammesoo<sup>38</sup>, Elizabeth L. Altmaier<sup>9,10</sup>, Najaf Amira, Thor Aspelund<sup>24,25</sup>, Tushar Bhangale<sup>65</sup>, Gabrielle Boucher<sup>5</sup>, Daniel I. Chasman<sup>66,67</sup>, Constance Chen<sup>68</sup>, Lachlan Coin<sup>69</sup>, Matthew N. Cooper<sup>70</sup>, Anna L. Dixon<sup>71</sup>, Quince Gibson<sup>72</sup>, Johannes Kettunen<sup>63,64</sup>, Inke R. König<sup>58</sup>, Tony Kwan<sup>26,27</sup>, Robert W. Lawrence<sup>70</sup>, Douglas F. Levinson<sup>76</sup>, Mattias Lorentzon<sup>77</sup>, Barbara McKnight<sup>78</sup>, Andrew P. Morris<sup>13</sup>, Martina Müller<sup>31,79,80</sup>, Julius Suh Ngwa<sup>81</sup>

Almgren<sup>91</sup>, Anthony J. Balmforth<sup>92</sup>, Harry Campbell<sup>93</sup>, Lorena Citterio<sup>94</sup>, Alessandro De Grandi<sup>95</sup>, Anna Dominiczak<sup>96</sup>, Jubao Duan<sup>97</sup>, Paul Elliott<sup>93</sup>, Roberto Elosua<sup>98</sup>, Johan G. Eriksson<sup>99,100,101,102,103</sup>, Nelson B. Freimer<sup>104</sup>, Eco J. C. Geus<sup>52</sup>, Nicola Glorioso<sup>105</sup>, Shen Haiqing<sup>72</sup>, Anna-Liisa Hartikainen<sup>106</sup>, Aki S. Havulinna<sup>107</sup>, Andrew A. Hicka<sup>95</sup>, Jennie Hui<sup>70,108,109</sup>, Wilmar Igl<sup>35</sup>, Thomas Illig<sup>31</sup>, Antti Jula<sup>110</sup>, Eero Koskinen<sup>109</sup>, Peter Kovacs<sup>112</sup>, Jaana Laitinen<sup>113</sup>, Jianjun Liu<sup>114</sup>, Marja-Liisa Lokki<sup>115</sup>, And Marusi<sup>116</sup>, Andrea Maschio<sup>93</sup>, Thomas Metingen<sup>117,118</sup>, Antonella Mulasi<sup>95</sup>, Guillaume Pare<sup>119</sup>, Alex N. Parker<sup>120</sup>, John F. Peden<sup>13,121</sup>, Astrid Petersmann<sup>122</sup> Irene Pichler<sup>95</sup>, Kirsi H. Pietliäinen<sup>123,124</sup>, Annell Pouta<sup>106,125</sup>, Martin Riddersträle<sup>126</sup>, Jerome I. Rotter<sup>127</sup>, Jennifer G. Sambrook<sup>128,129</sup>, Alan R. Sanders<sup>97</sup>, Carsten Oliver Schmidt<sup>130</sup>, Juha Sinisalo<sup>131</sup>, Jan H. Smit<sup>132</sup>, Heather M. Stringham<sup>9</sup>, G. Bragi Walters<sup>92</sup>, Clisabeth Widen<sup>63</sup>, Sarah H. Wild<sup>93</sup>, Gonneke Willemsen<sup>92</sup>, Laura Zagato<sup>94</sup>, Lina Zgaga<sup>56</sup>, Paavo Zitting<sup>133</sup>, Helene Alavere<sup>38</sup>, Martin Farrall<sup>13,121,134</sup>, Wendy L. McArdle<sup>39</sup>, Mari Nelis<sup>38,304</sup>, Marjolein J. Peters<sup>34</sup>, Samuli Ripatti<sup>53,64</sup>, Joyce B. J. van Meurs<sup>2,34</sup>, Katja K. Aben 136, Kristin G. Ardlie<sup>11</sup>, Jacques S. Beckmann<sup>41,137</sup>, John P. Beilby <sup>108,109,138</sup>, Richard N. Bergman<sup>139</sup>, Sven Bergmann<sup>41,24</sup>, Francis S. Collins<sup>140</sup>, Daniele Cugis<sup>55</sup>, Martin den Heijer<sup>141</sup>, Gudny Eiriksdottir<sup>24</sup>, Pablo V. Gejman<sup>75</sup>, Alistair S. Hall<sup>92</sup>, Anders Hamsten<sup>142</sup>, Heikki V. Huikuri<sup>74</sup>, Carlos ribarren<sup>143,144</sup>, Mika Kähönen<sup>142</sup>, Jaakako Kaprio<sup>53,125,146</sup>, Sekar Kathiresan<sup>11,144,17,143,149</sup>, Lambertus Kiemeney<sup>135,150,151</sup>, Thomas Kocher<sup>155</sup>, Arthur W. Musk<sup>109,166</sup>, Markku S. Nieminen<sup>131</sup>, Olle Melander<sup>126</sup>, Tom H. Mosley Jr<sup>156</sup>, Arthur W. Musk<sup>109,166</sup>, Markku S. Nieminen<sup>131</sup>, Christopher J. O'Donnell <sup>143,157</sup>, Clase Ohlsson<sup>77</sup>, Ben Oostra<sup>158</sup>, Liyle J. Jenhmer<sup>70,109</sup>, Olli Raltakari<sup>1</sup>

\*These authors contributed equally to this work.

<sup>1</sup>Genetics of Complex Traits, Peninsula College of Medicine and Dentistry, University of Exeter, Exeter EX1 2LU, UK. <sup>2</sup>Department of Epidemiology, Erasmus Medical Centre, 3015 GE Rotterdam, The Netherlands. <sup>3</sup>Department of Internal Medicine, Erasmus Medical Centre, 3015 GE Rotterdam, The Netherlands. <sup>4</sup>Netherlands Genomics Initiative (NGI)-sponsored Netherlands Consortium for Healthy Aging (NCHA), 2300 RC Leiden, The Netherlands. 5 Montreal Heart Institute, Montréal, Québec H1T 1C8, Canada. Department of Medicine, Université de Montréal, Montréal, Québec H3T 1J4, Canada. <sup>7</sup>Division of Cancer Epidemiology and Genetics, National Cancer Institute, National Institutes of Health, Department of Health and Human Services, Bethesda, Maryland 20892, USA. 8Department of Biostatistics, Center for Statistical Genetics, University of Michigan, Ann Arbor, Michigan 48109, USA. 9Divisions of Genetics and Endocrinology and Program in Genomics, Children's Hospital, Boston, Massachusetts 02115, USA. <sup>10</sup>Metabolism Initiative and Program in Medical and Population Genetics, Broad Institute. Cambridge, Massachusetts 02142, USA. <sup>11</sup>Program in Medical and Population Genetics, Broad Institute of Harvard and Massachusetts Institute of Technology, Cambridge, Massachusetts 02142, USA. <sup>12</sup>Division of Rheumatology, Immunology and Allergy Brigham and Women's Hospital, Harvard Medical School, Boston, Massachusetts 02115 USA. <sup>13</sup>Wellcome Trust Centre for Human Genetics, University of Oxford, Oxford OX3 7BN, USA. "Wellcome Prost Certife for Human Genetics, Officers of Oxford, Oxford O Massachusetts General Hospital, Boston, Massachusetts 02114, USA. 17 Wellcome Trust Sanger Institute, Hinxton, Cambridge CB10 1SA, UK. 18 Department of Twin Research and Genetic Epidemiology, King's College London, Lambeth Palace Road, London SE1 7EH, UK. <sup>19</sup>Queensland Statistical Genetics Laboratory, Queensland Institute of Medical Research, Queensland 4006, Australia. <sup>20</sup>deCODE Genetics, 101 Reykjavik, Iceland. <sup>21</sup>Department of Neurology, Boston University School of Medicine, Boston, Massachusetts 02118, USA. <sup>22</sup>Department of Nutrition, Harvard School of Public Health, Boston, Massachusetts 02115, USA. <sup>23</sup>Channing Laboratory, Department of Medicine, Brigham and Women's Hospital and Harvard Medical School, Boston, Massachusetts 02115, USA. <sup>24</sup>Icelandic Heart Association, Kopavogur, Iceland. <sup>25</sup>University of Iceland, 101 Reykjavik, Iceland. <sup>26</sup>McGill University and Genome Québec Innovation Centre, Montréal, Québec H3A 1A4, Canada. 27 Department of Human Genetics, McGill University Health Centre, McGill University, Montréal, Québec H3G 1A4, Canada. <sup>28</sup>Department of Medical Genetics, McGill University Health Centre, McGill University, Montréal, Québec

H3G 1A4, Canada. <sup>29</sup>Departments of Epidemiology and Biostatistics, Harvard School of Public Health, Cambridge, Massachusetts 02138, USA. <sup>30</sup>Regensburg University Medical Center, Department of Epidemiology and Preventive Medicine, 93053 Regensburg, Germany. 31 Institute of Epidemiology, Helmholtz Zentrum München – German Research Center for Environmental Health, 85764 Neuherberg, Germany. 32MRC Epidemiology Unit, Institute of Metabolic Science, Addenbrooke's Hospital, Cambridge, CB2 000, UK. <sup>33</sup>Faculty of Land and Environment, University of Melbourne, Parkville 3010, Australia. <sup>34</sup>Department of Primary Industries, Bundoora, Victoria 3086, Australia. <sup>35</sup>Department of Genetics and Pathology, Rudbeck Laboratory, University of Uppsala, SE-75185 Uppsala, Department of Cancer Research and Molecular Medicine, Faculty of Medicine, Norwegian University of Science and Technology (NTNU), N-7489 Trondheim, Norway. <sup>37</sup>Department of Genetics, Washington University School of Medicine, St Louis, Missouri <sup>37</sup>Department of Genetics, Washington University School of Medicine, St Louis, Missouri 63110, USA. <sup>38</sup>Estonian Genome Center, University of Tartu, Tartu 50410, Estonia. <sup>39</sup>Estonian Biocenter, Tartu 51010, Estonia. <sup>40</sup>Institute of Molecular and Cell Biology, University of Tartu, Tartu 51010, Estonia. <sup>41</sup>Department of Medical Genetics, University of Lausanne, 1005 Lausanne, Switzerland. <sup>42</sup>Swiss Institute of Bioinformatics, 1015 Lausanne, Switzerland. <sup>43</sup>Clinical Pharmacology, William Harvey Research Institute, Barts and The London School of Medicine and Dentistry, Queen Mary, University of London, Charterhouse Square, London EC1M 6BQ, UK. <sup>44</sup>Clinical 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. <sup>45</sup>Department of Epidemiology, Harvard School of Public Health, Boston, Massachusetts 02115, USA. <sup>46</sup>Department of Biostatistics, Harvard School of Public Health, Boston, Massachusetts 02115, USA. <sup>47</sup>Oxford Centre for Diabetes, Endocrinology and Metabolism, University of Oxford, Oxford OX3 7LJ, UK. <sup>48</sup>Hudson Alpha Institute for Biotechnology, Huntsville, Alabama 35806, USA. <sup>49</sup>Interfaculty Institute for Genetics and Functional Genomics, Ernst-Moritz-Arndt-University Greifswald, 17487 Greifswald, Germany. 50 Cardiovascular Health Research Unit and Department of Medicine, University of Washington, Seattle, Washington 98101, USA. <sup>51</sup>MRC Human Genetics Unit, Institute for Genetics and Molecular Medicine, Western General Hospital, Edinburgh EH4 2XU, Scotland, UK. <sup>52</sup>Department of Biological Psychology, VU University Amsterdam, 1081 BT Amsterdam, The Netherlands. <sup>53</sup>Core Genotyping Facility, SAIC-Frederick, Inc., NCI-Frederick, Frederick, Maryland 21702, USA. <sup>54</sup>Department of Medicine, Stanford University School of Medicine, Stanford, California 94305, USA. <sup>55</sup>Department of Epidemiology, School of Public Health, University of North Carolina at Chapel Hill, Chapel Hill, North Carolina 27514, USA. <sup>56</sup>Andrija Stampar School of Public Health, Medical School, University of Zagreb, 10000 Zagreb, Croatia. <sup>57</sup>Gen-Info Ltd, 10000 Zagreb, Croatia. <sup>58</sup>Universität zu Lübeck, Institut für Medizinische Biometrie und Statistik, 23562 Lübeck, Germany. Department of Oncology, University of Cambridge, Cambridge CB1 8RN, UK. <sup>60</sup>Department of Medical Epidemiology and Biostatistics, Karolinska Institutet, 171 77 Stockholm, Sweden. <sup>61</sup>Center for Human Genomics, Wake Forest University, Winston-Salem, North Carolina 27157, USA. <sup>62</sup>Neurogenetics Laboratory, Queensland Institute of Medical Research, Queensland 4006, Australia. <sup>63</sup>Institute for Molecular Medicine Finland (FIMM), University of Helsinki, 00014, Helsinki, Finland. <sup>64</sup>National Institute for Health and Welfare, Department of Chronic Disease Prevention, Unit of Public Health Genomics, FIN-00014 Helsinki, Finland. <sup>65</sup>Department of Genome Sciences, University of Washington, Seattle, 98195 Washington, USA. <sup>66</sup>Division of Preventive Medicine, Brigham and Women's Hospital, Boston, Massachusetts 02215, USA <sup>67</sup>Harvard Medical School, Boston, Massachusetts 02115, USA. <sup>68</sup>Program in Molecular and Genetic Epidemiology, Harvard School of Public Health, Boston, Massachusetts 02115, USA. <sup>69</sup>Department of Epidemiology and Biostatistics, School of Public Health, Faculty of Medicine, Imperial College London, London W2 1PG, UK. 70 Centre for Genetic Epidemiology and Biostatistics, University of Western Australia, Crawley, Western Australia 6009, Australia. <sup>71</sup>Royal National Hospital for Rheumatic Diseases and University of Bath, Bath BA1 1RL, UK. <sup>72</sup>Department of Medicine, University of Maryland School of Medicine, Baltimore, Maryland 21201, USA. <sup>73</sup>Genetics Department, Rosetta Inpharmatics, a Wholly Owned Subsidiary of Merck & Co Inc., Seattle, Washington 98109, USA. <sup>74</sup>Department of Internal Medicine, University of Oulu, 90014 Oulu, Finland. <sup>75</sup>MGH Weight Center, Massachusetts General Hospital, Boston, Massachusetts 02114, USA. <sup>76</sup>Stanford University School of Medicine, Stanford, California 93405, USA. <sup>77</sup>Department of Internal Medicine, Institute of Medicine, Sahlgrenska Academy, University of Gothenburg, 413 45 Gothenburg, Sweden. <sup>78</sup>Departments of Biostatistics, University of Washington, Seattle, Washington 98195, USA. <sup>79</sup>Ludwig-Maximilians- Universität, Department of Medicine I, University Hospital Grosshadern, 81377 Munich, Germany. <sup>80</sup>Ludwig-Maximilians-Universität, Institute of Medical Informatics, Biometry and Epidemiology, Chair of Epidemiology, 81377 Munich, Germany. <sup>81</sup>Department of Biostatistics, Boston University School of Public Health, Boston, Massachusetts 02118, USA. 82The Broad Institute of Harvard and MIT, Cambridge, Massachusetts 02142, USA. <sup>83</sup>Department of Psychiatry, Harvard Medical School, Boston, Massachusetts 02115, USA. 84 Department of Cardiovascular Sciences, University of Leicester, Glenfield Hospital, Leicester LE3 9QP, UK. <sup>85</sup>University of Milan, Department of Medicine, Surgery and Dentistry, 20139 Milan, Italy. <sup>86</sup>KOS Genetic Srl, 20123 Milan, Italy. <sup>87</sup>Istituto di Neurogenetica e Neurofarmacologia del CNR, Monserrato, 09042 Cagliari, Italy. <sup>88</sup>Leicester NIHR Biomedical Research Unit in Cardiovascular Disease, Glenfield Hospital, Clicester NIRIK Biomedical Research Officer additionated in Disease, Alement Propriet, Leicester LE3 9QP, UK. <sup>89</sup>Department of Health Sciences, University of Leicester, University Road, Leicester LE1 7RH, UK. <sup>90</sup>Universität zu Lübeck, Institut für Medizinische Biometrie und Statistik, 23562 Lübeck, Germany. <sup>91</sup>Lund University Diabetes Centre, Department of Clinical Sciences, Lund University, 20502 Malmö, Sweden. <sup>92</sup>Lund University Control Lead Institute of Genetics Health <sup>92</sup>Multidisciplinary Cardiovascular Research Centre, Leeds Institute of Genetics, Health and Therapeutics, University of Leeds, Leeds LS2 9JT, UK.
 <sup>93</sup>Centre for Population Health Sciences, University of Edinburgh, Teviot Place, Edinburgh EH8 9AG, Scotland, UK. 94University Vita-Salute San Raffaele, Division of Nephrology and Dialysis, 20132 Milan, Italy. 95 Institute of Genetic Medicine, European Academy Bozen/Bolzano (EURAC), Bolzano/Bozen, 39100, Italy. Affiliated Institute of the University of Lübeck, Lübeck, Germany. <sup>96</sup>British Heart Foundation Glasgow Cardiovascular Research Centre, University of Glasgow, Glasgow G12 8TA, UK. <sup>97</sup>Northshore University Healthsystem,

Evanston, Illinois 60201, USA. 98 Cardiovascular Epidemiology and Genetics, Institut Municipal D'investigacio Medica and CIBER Epidemiología y Salud Pública, Barcelona, Spain. <sup>59</sup>Department of General Practice and Primary Health Care, University of Helsinki, 00014, Helsinki, Finland. <sup>100</sup>National Institute for Health and Welfare, 00271 Helsinki, Finland. <sup>101</sup>Helsinki University Central Hospital, Unit of General Practice, 00280 Helsinki, Finland. <sup>102</sup>Folkhalsan Research Centre, 00250 Helsinki, Finland. <sup>103</sup>Vasa Central Hospital, 65130 Vasa, Finland. <sup>104</sup>Center for Neurobehavioral Genetics, University of California, Los Angeles, California 90095, USA. 105 Hypertension and Cardiovascular Prevention Center, University of Sassari, 07100 Sassari, Italy, 106 Department of Clinical Sciences/Obstetrics and Gynecology, University of Oulu, 90014 Oulu, Finland.

107 National Institute for Health and Welfare, Department of Chronic Disease Prevention, Chronic Disease Epidemiology and Prevention Unit, 00014, Helsinki, Finland.

108 PathWest Laboratory of Western Australia, Department of Molecular Genetics, J Block, QEII Medical Centre, Nedlands, Western Australia 6009, Australia. 109 Busselton Population Medical Research Foundation Inc., Sir Charles Gairdner Hospital, Nedlands, Western Australia 6009, Australia. <sup>110</sup>National Institute for Health and Welfare, Department of Chronic Disease Prevention, Population Studies Unit, 20720 Turku, Finland. 111 Institute of Health Sciences, University of Oulu, 90014 Oulu, Finland.
112 Interdisciplinary Centre for Clinical Research, University of Leipzig, 04103 Leipzig, 114 Linear Control of Co Germany. <sup>113</sup>Finnish Institute of Occupational Health, 90220 Oulu, Finland. <sup>114</sup>Human Genetics, Genome Institute of Scupational realth, 2022 Odin, 1 minaria. Finding Genetics, Genome Institute of Singapore, Singapore 138672, Singapore.

115 Transplantation Laboratory, Haartman Institute, University of Helsinki, 00014, Helsinki, Finland. 116 Croatian Centre for Global Health, School of Medicine, University of Split, Split 21000, Croatia. 117 Institute of Human Genetics, Klinikum rechts der Isar der Technischen Universität München, 81675 Munich, Germany. 118 Institute of Human Genetics, Helmholtz Zentrum München - German Research Center for Environmental Health, 85764 Neuherberg, Germany. 119 Department of Pathology and Molecular Medicine, McMaster University, Hamilton, Ontario L8N 3Z5, Canada. <sup>120</sup>Amgen, Cambridge, Massachusetts 02139, USA. <sup>121</sup>Department of Cardiovascular Medicine, University of Oxford, Level 6 West Wing, John Radcliffe Hospital, Headley Way, Headington, Oxford OX3 9DU, UK. 122 Institut für Klinische Chemie und Laboratoriumsmedizin, Universität Greifswald, 17475 Greifswald, Germany. 123Finnish Twin Cohort Study, Department of Public Health, University of Helsinki, 00014, Helsinki, Finland. <sup>124</sup>Obesity Research unit, Department of Psychiatry, Helsinki University Central Finland. <sup>124</sup>Obesity Research unit, Department of Psychiatry, Helsinki University Central Hospital, Helsinki, Finland. <sup>125</sup>National Institute for Health and Welfare, 90101 Oulu, Finland. <sup>126</sup>Department of Clinical Sciences, Lund University, 20502 Malmö, Sweden. <sup>127</sup>Medical Genetics Institute, Cedars-Sinai Medical Center, Los Angeles, California 90048, USA. <sup>128</sup>Department of Haematology, University of Cambridge, Cambridge CB2 OPT, UK. <sup>129</sup>NHS Blood and Transplant, Cambridge Centre, Cambridge CB2 OPT, UK. <sup>130</sup>Institut für Community Medicine, 17489 Greifswald, Germany. <sup>131</sup>Division of Cardial Conditional Conditions of Cardial Conditions (Cardial Conditions). Cardiology, Cardiovascular Laboratory, Helsinki University Central Hospital, 00029 Helsinki, Finland. <sup>132</sup>Department of Psychiatry/EMGO Institute, VU University Medical Center, 1081 BT Amsterdam, The Netherlands. <sup>133</sup>Department of Physiatrics, Lapland Central Hospital, 96101 Rovaniemi, Finland. <sup>134</sup>Cardiovascular Medicine, University of Oxford, Wellcome Trust Centre for Human Genetics, Oxford OX3 7BN, UK. 135 Avon Longitudinal Study of Parents and Children (ALSPAC) Laboratory, Department of Social Medicine, University of Bristol, Bristol BS8 2BN, UK. <sup>136</sup>Comprehensive Cancer Center East, 6501 BG Nijmegen, The Netherlands. <sup>137</sup>Service of Medical Genetics, Centre Hospitalier Universitaire Vaudois (CHUV) University Hospital, 1011 Lausanne, Switzerland. <sup>138</sup>School of Pathology and Laboratory Medicine, University of Western Australia, Nedlands, Western Australia 6009, Australia. <sup>139</sup>Department of Physiology and Biophysics, Keck School of Medicine, University of Southern California, Los Angeles, California 90033, USA. <sup>140</sup>National Human Genome Research Institute, National Institutes of Health, Bethesda, Maryland 20892, USA. <sup>141</sup>Department of Endocrinology, Radboud University Nijmegen Medical Centre, 6500 HB Nijmegen, The Netherlands.

142 Atherosclerosis Research Unit, Department of Medicine, Solna, Karolinska Institutet, Karolinska University Hospital, 171 76 Stockholm, Sweden.

143 Division of Research, Kaiser Permanente Northern California, Oakland, California 94612, USA.

144 Department of Epidemiology and Biostatistics, University of California, San Francisco, San Francisco, California 94107, USA. <sup>145</sup>Department of Clinical Physiology, University of Tampere and Tampere University Hospital, 33520 Tampere, Finland. <sup>146</sup>National Institute for Health and Welfare, Department of Mental Health and Substance Abuse Services, Unit for Child and Adolescent Mental Health, 00271 Helsinki, Finland. <sup>147</sup>Cardiovascular Research Center and Cardiology Division, Massachusetts General Hospital, Boston, Massachusetts 02114, USA. <sup>148</sup>Framingham Heart Study of the National Heart, Lung, and Blood Institute and Boston University, Framingham, Massachusetts 01702, USA. <sup>149</sup>Department of

Medicine, Harvard Medical School, Boston, Massachusetts 02115, USA. 150 Department of Epidemiology, Biostatistics and HTA, Radboud University Nijmegen Medical Centre, 6500 HB Nijmegen, The Netherlands. <sup>151</sup>Department of Urology, Radboud University Nijmegen Medical Centre, 6500 HB Nijmegen, The Netherlands. <sup>152</sup>Zentrum für Zahn-, Mund- und Kieferheilkunde, 17489 Greifswald, Germany. <sup>153</sup>Laboratory of Epidemiology, Demography, Biometry, National Institute on Aging, National Institutes of Health, Bethesda, Maryland 20892, USA. <sup>154</sup>Department of Clinical Chemistry, University of Tampere and Tampere University Hospital, 33520 Tampere, Finland. 155 Department of Medicine, Division of Geriatrics, University of Mississippi Medical Center, Jackson, Mississippi 39216, USA. <sup>156</sup>School of Medicine and Pharmacology, University of Western Australia, Perth, Western Australia 6009, Australia. <sup>157</sup>National, Lung, and Blood Institute, National Institutes of Health, Framingham, Massachusetts 01702, USA. 158 Department of Clinical Genetics, Erasmus Medical Centre, 3015 GE Rotterdam, The Netherlands. <sup>159</sup>Research Centre of Applied and Preventive Cardiovascular Medicine, University of Turku and the Department of Clinical Physiology, Turku University Hospital, 20520 Turku, Finland. <sup>160</sup>Universität zu Lübeck, Medizinische Klinik II, 23562 Lübeck, Germany. <sup>161</sup>Geriatrics Research and Education Clinical Center, Baltimore Veterans Administration Medical Center, Baltimore, Maryland 21201, USA. <sup>162</sup>Cardiovascular Health Research Unit, University of Washington, Seattle, Washington 98101, USA. <sup>163</sup>Departments of Medicine and Epidemiology, University of Washington, Seattle, Washington 98195, USA. 

164 Department of Medicine, University of Leipzig, 04103 Leipzig, Germany. 
165 LIFE Study Centre, University of Leipzig, Germany. 
166 Coordination Centre for Clinical Trials, University of Leipzig, Härtelstrasse 16–18, 04103 Leipzig, Germany. 
167 National Institute for Health and Welfare, Diabetes Prevention Unit, 00271 Helsinki, Finland. 168 Hjelt Institute, Department of Public Health, University of Helsinki, 00014 Helsinki, Finland. <sup>169</sup>South Ostrobothnia Central Hospital, 60220 Seinajoki, Finland. <sup>170</sup>Department of Human Genetics and Center of Medical Systems Biology, Leiden University Medical Center, 2333 ZC Leiden, the Netherlands. <sup>171</sup>Department of Medicine, University of Turku and Turku University Hospital, 20520 Turku, Finland. <sup>172</sup>Department of Psychiatry and Midwest Alcoholism Research Center, Washington University School of Medicine, St Midwest Alcoholism Research Center, washington onliversity School of Medicalre, 5t Louis, Missouri 63108, USA. <sup>173</sup>Genetic Epidemiology Laboratory, Queensland Institute of Medical Research, Queensland 4006, Australia. <sup>174</sup>Molecular Epidemiology Laboratory, Queensland Institute of Medical Research, Queensland 4006, Australia. <sup>175</sup>Division of Biostatistics, Washington University School of Medicine, St Louis, Missouri 63110, USA. <sup>176</sup>Department of Forensic Molecular Biology, Erasmus Medical Centre, 3015 GE Rotterdam, The Netherlands. <sup>177</sup>Collaborative Health Studies Coordinating Center, Seattle, Washington 98115, USA. <sup>178</sup>Human Genetics Center and Institute of Molecular Medicine and Division of Epidemiology, University of Texas Health Science Center, Houston, Texas 77030, USA. <sup>179</sup>Klinik und Poliklinik für Innere Medizin II, Universität Regensburg, 93053 Regensburg, Germany. <sup>180</sup>Regensburg University Medical Center, Innere Medizin II, 93053 Regensburg, Germany. <sup>181</sup>Centre National de Genotypage, Evry, Paris 91057, France. <sup>182</sup>Christian-Albrechts-University, University Hospital Schleswig-Holstein, Institute for Clinical Molecular Biology and Department of Internal Medicine I, Schittenhelmstrasse 12, 24105 Kiel, Germany. <sup>183</sup>Genetics Division, GlaxoSmithKline, King of Prussia, Pennsylvania 19406, USA. <sup>184</sup>University of Cambridge Metabolic Research Laboratories, Institute of Metabolic Science, Addenbrooke's Hospital, Cambridge CB2 QQQ, UK. <sup>185</sup>Department of Genetics, University of North Carolina, Chapel Hill, North Carolina 27599, USA. <sup>186</sup>Division of Intramural Research, National Heart, Lung, and Blood Institute, Framingham Heart Study, Framingham, Massachusetts 01702, USA. <sup>187</sup>New York University Medical Center, New York, New York 10016, USA. <sup>188</sup>Biocenter Oulu, University of Oulu, 90014 Oulu, Finland. <sup>189</sup>Department of Psychiatry, Leiden University Medical Centre, 2300 RC Leiden, The Netherlands. <sup>190</sup>Department of Psychiatry, University Medical Centre Groningen, 9713 GZ Groningen, The Netherlands.

191 Department of Neurology, General Central Hospital, Bolzano, Italy.

192 Department of Neurology, University of Lübeck, Lübeck, Germany.

193 Department of Epidemiology and Population Health, Albert Einstein College of Medicine, Bronx, New York 10461, USA.

194 Carolina Center for Genome Sciences, School of Public Health, University of North
Carolina Chapel Hill, Chapel Hill, North Carolina 27514, USA.

195 Laboratory of Genetics, Carolina Chapei Hill, Chapei Hill, North Carolina 27514, USA. <sup>196</sup>Laboratory of Genetics, National Institute on Aging, Baltimore, Maryland 21224, USA. <sup>196</sup>Division of Community Health Sciences, St George's, University of London, London SW17 ORE, UK. <sup>197</sup>Klinikum Grosshadern, 81377 Munich, Germany. <sup>198</sup>Pacific Biosciences, Menlo Park, California 94025, USA. <sup>199</sup>Sage Bionetworks, Seattle, Washington 98109, USA. <sup>200</sup>Faculty of Medicine, University of Iceland, 101 Reykjavík, Iceland. <sup>201</sup>Department of Medical Genetics, University of Helsinki, 00014 Helsinki, Finland. <sup>202</sup>NIHR Oxford Biomedical Research Centre, Churchill Hospital, Oxford OX3 7LJ, UK. <sup>203</sup>Department of Genetics, Harvard Medical School, Boston, Massachusetts 02115, USA.