

Analysis with the exome array identifies multiple new independent variants in lipid loci

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ABSTRACT

It has been hypothesised that low frequency (1-5% MAF) and rare (<1% MAF) variants with large effect sizes may contribute to the missing heritability in complex traits. Here we report an association analysis of lipid traits (total cholesterol, LDL-cholesterol, HDL-cholesterol triglycerides) in up to 27,312 individuals with a comprehensive set of low frequency coding variants (ExomeChip), combined with conditional analysis in the known lipid loci. No new locus reached genome-wide significance. However, we found a new lead variant in 26 known lipid association regions of which 16 were >1000 fold more significant than the previous sentinel variant and not in close LD (6 had MAF < 5%). Furthermore, conditional analysis revealed multiple independent signals (ranging from 1-5) in a third of the 98 lipid loci tested, including rare variants. Addition of our novel associations resulted in between 1.5-2.5 fold increase in the proportion of heritability explained for the different lipid traits. Our findings suggest that rare coding variants contribute to the genetic architecture of lipid traits.

INTRODUCTION

Genome-wide association studies (GWAS) have identified hundreds of mainly common variants that are robustly associated with cardiometabolic traits (1-4). For lipid levels, a series of large-scale meta-analyses ($N > 100,000$) identified a total of 164 independent single nucleotide polymorphisms (SNPs) in 159 loci contributing to variation in plasma concentrations of total cholesterol (TC), triglycerides (TG), low-density lipoprotein cholesterol (LDL-C) and high-density lipoprotein cholesterol (HDL-C) (2, 3, 5-8). Blood lipid levels have an estimated heritability of 40-70% (9); however, variants reaching genome-wide significance explain only ~15% of the heritable fraction for these traits (2, 3). The clinical relevance of these 164 SNPs of which 71 associate with more than one lipid trait, is underscored by an overall excess of significant association signals for coronary artery disease (CAD), fasting glucose, type 2 diabetes, blood pressure traits and body mass index (BMI) among them (2).

It has been hypothesised that low frequency (1-5% minor allele frequency (MAF)) and rare (<1% MAF) variants with larger effects may account in part for the missing heritability in complex traits (10, 11). To test this hypothesis in relation to lipid traits we used the Illumina HumanExome Beadchip (ExomeChip), an array which provides comprehensive coverage of low frequency coding variants (nonsynonymous, splice-site and stop altering), to profile 27,312 individuals. The Exome array also includes most of the lead (or a proxy) GWAS variants in the 159 known lipid loci which allowed to assess the independent contribution of additional, mainly low frequency, coding variants in these loci by performing conditional analysis with the GCTA software.

RESULTS

Single-marker analysis

In our single-marker meta-analysis of ExomeChip (Illumina) data in 27,312 individuals (an overview of the study design is given in Figure 1), we did not find any new variant associated with a lipid trait at either a genome-wide threshold of significance ($P < 5 \times 10^{-8}$) or an array-wide threshold of significance ($P < 2 \times 10^{-7}$) outside the 159 previously reported loci (considering a 1Mbp window centered on the sentinel SNP).

The 159 unique loci known to be associated with one or more lipid traits represent 247 association signals (73 for HDL-C, 58 for LDL-C, 74 for TC and 42 for TG) (6, 8, 12-14). The ExomeChip array does not have a good proxy of the reported sentinel SNP (2, 3) in 21 of the 159 lipid loci (see Materials and Methods). In our study, we detected 209 association signals with a lipid trait (55 for HDL-C, 50 for LDL-C, 67 for TC and 37 for TG) at $P < 0.01$ (nominal significance; direction of effect same as published (2)) in 135 of the 159 unique lipid loci (Supplementary Table 1). Of the remaining 24 loci, 9 had no lead SNP or a proxy on the ExomeChip, 4 had the lead SNP or proxy fail QC, and 11 did not show a nominal association in our study.

Further assessing the results of our single-marker analysis, we found that in about half ($n = 98$) of the 209 association signals (26 for HDL-C, 17 for LDL-C, 35 for TC and 20 for TG), the lead SNP was either the published one or a highly linked proxy ($r^2 > 0.8$; Supplementary Table 1); in two instances the proxy is a putative functional variant (rs2792751 in *GPAM* for LDL-C and rs35332062 in *MLXIPL* for TG) (Supplementary Table 1). In many loci our top hit

was different than the previously published lead SNP (this study) and not in close LD ($r^2 < 0.8$) (Supplementary Table 1). Table 1 lists the 27 most significant of these associations ($P < 10^{-4}$) of which 8 are due to low frequency or rare coding variants. Interestingly, for 16 of these 27 association signals, the new sentinel variant was >1000 fold more significant than the previously published one. These results were also corroborated with one exception by conditional and joint analyses (see below); SNP rs5015480, a downstream variant in *CYP26A1* previously reported for T2D (15), was not significant in the joint analysis. For the remaining 11 signals the new sentinel variant was only marginally more significant than the previously published one (includes two low frequency variants in *LPA* and *KDM2B*).

Among the 27 association signals (Table 1), four variants had not been previously associated with a lipid trait. Two of them had a 1000-fold more significant association for TG levels than the previous sentinel SNP: rs72836561 a missense variant in *CD300LG* (p.R82C) and rs3094216 a synonymous variant (p.C448=) in *CDSN*. The other two variants were rs3751813 (TG association) an intronic variant in the *FTO* gene and rs34606562 (TC association) a synonymous change (p.L1174=) in *KDM2B* both of which overlap a strong peak for H3K27Ac which marks active regulatory elements. In the *LPA* locus, the missense variant rs3798220 (p.I1891M), previously associated with Lp(a) lipoprotein levels and CAD (16) had the strongest signal for LDL-C.

In 15 of the 135 lipid loci with an association signal in our data ($P < 0.01$), we lacked the published lead SNP or a proxy (12 not on the ExomeChip and 3 QC failures; Supplementary Table 1, column AJ) and therefore we were unable to undertake a direct comparison of the strength of association between our top hit and the published one. However, in one such locus, *ABCA8*, which is associated with HDL-C (2, 3), we found a missense variant (rs77542162;

Cys1319Arg; 1.57% MAF) associated with both LDL-C ($P=6.40\times 10^{-13}$) and TG ($P=6.23\times 10^{-11}$) but not HDL-C ($P=0.46$) located in the *ATP-binding cassette, sub-family A (ABCI), member 6 (ABCA6)* gene (Supplementary Table 1). *ABCA6* encodes a membrane-associated protein and is located together with *ABCA8* and three other *ABCI* family members on 17q24. *ABCA6* may play a role in macrophage lipid homeostasis (17) and in intercellular lipid transport processes in vascular endothelial cells (18).

Conditional analysis

We next undertook conditional analysis which looks for association signals that are independent of the lead SNP from the unconditional analysis, in the 135 unique loci harbouring 209 lipid association signals at a nominal significance level of $P<0.01$ (boundaries are listed in Supplementary Table 2) using the GCTA software (19) and meta-analysis summary statistics from all 27,312 samples. We considered a signal from the conditional analysis to be significant if it passed a Bonferroni correction threshold based on the number of SNPs tested across the locus examined (Supplementary Table 2). Therefore only loci which had a lead SNP with P unconditional $<$ the locus-wide Bonferroni threshold for multiple testing (i.e. based on the number of tested SNPs per locus), were amenable to conditional analysis. Based on the threshold calculated for each locus (Supplementary Table 2), it was possible to examine 98 of the 209 lipid association regions for a secondary signal (see Materials and Methods; Supplementary Table 1). We found 31 (31.6%) of these association regions to have at least one additional independent signal. In total, we identified 89 independent signals (29 for HDL-C, 16 for LDL-C, 19 for TC and 25 for TG) in the 31 association regions (Table 2 and Supplementary Table 3) corresponding

to the 31 sentinel SNPs from the unconditional analysis and 58 SNPs from the subsequent rounds of conditional analysis. The largest number of independent signals per locus was five, in the *APOA1* locus for HDL-C as well as in the *APOB* and *APOE* loci for LDL-C (the latter illustrated in Supplementary Figure 1). Approximately 30% of the 89 independent variants were either low frequency (13; 14.6%) or rare variants (14; 15.7%), (Supplementary Table 1).

Out of the 58 additional signals identified from the conditional analysis, 42 have previously been associated with a lipid trait (34 reported for the investigated lipid trait and 8 for a lipid trait other than the investigated one; Supplementary Table 3) and 16 have not been previously associated with any lipid trait (Table 2). Among the 34 lipid signals previously reported, two variants, rs439401 in *APOE* (TC) and rs35120633 in *APOA1* (TG and HDL-C), showed an increase in their effect size after conditioning for the top hit in the corresponding region. In both instances, the very strong association signal of the lead SNP in the region (e.g. rs7412 $P=7.43 \times 10^{-145}$ in the *APOE* locus) appears to partially mask the weaker secondary signal. In the unconditional analysis, SNP rs439401 had an effect size (β) of -0.051 per T allele ($P=1.77 \times 10^{-8}$) whereas after conditioning on rs7412 the β doubled to -0.103 ($P=3.70 \times 10^{-31}$); this variant has been associated with HDL-C and TG as a bivariate phenotype (20). Similarly, the association of rs35120633 with TG and HDL-C (unconditional $P=2.67 \times 10^{-40}$ and $P=2.02 \times 10^{-9}$ respectively) became stronger after conditioning on rs2266788 ($P=5.21 \times 10^{-46}$ and $P=1.38 \times 10^{-10}$ respectively).

Of the 16 conditional signals not previously associated with a lipid trait, 10 are rare variants (Table 2). These variants are missense except rs76353203 (MAF 0.04%; $\beta=-1.258$ per T allele) which introduces a stop codon in *APOC3* (Arg19TER) and is known to cause

hyperalphalipoproteinemia 2 (HALP2). At several loci, conditional analysis identified variants with much larger effect sizes than the sentinel SNP e.g. missense variant rs116329129 (rs116329129:T>C, p.V280A; MAF 0.03%) in *BANK1* which was associated with HDL-C, had a β of -1.835 per C allele compared to -0.104 for the lead variant rs13107325 (MAF 6.02%) which is located in *SLC39A8*. The B-cell scaffold protein with ankyrin repeats 1 (*BANK1*) gene encodes a B-cell-specific scaffold protein involved in B-cell receptor-induced calcium mobilization from intracellular stores. Variants in *BANK1* have been associated with susceptibility to systemic lupus erythematosus (21). Similarly, the missense variant rs139788907 (MAF 0.03%) in the phospholipase A2, group IVF (*PLA2G4F*) gene (rs139788907:A>G, p.L326P; deleterious change per SIFT) which was associated with TG levels, had a $\beta=1.665$; ~ 1.98 mmol/l per G allele) 10-fold higher than that of the intronic lead variant rs2412710 (MAF 1.8%; $\beta=0.165$; 0.20 mmol/l per G allele) which is located in *CAPN3*. *PLA2G4F* encodes a calcium-dependent phospholipase A2 that selectively hydrolyzes glycerophospholipids in the sn-2 position.

Joint analysis

Regional analyses can determine the specific contribution that each locus makes to the trait heritability. The iterative rounds of conditional analyses within GCTA described above enabled the identification of independently associated variants at each locus. Joint analyses can simultaneously estimate the effects of each of these significant variants adjusted for all other effects.

The joint analyses were performed in both the discovery studies with appropriate ethical approval for sharing individual level data (16 of the 19 cohorts; N=24,894) and in the replication

studies (4 cohorts; N=9,029), in order to (i) validate the original conditional analyses based on GCTA regarding the handling of rare and low-frequency variants as well as check for any impact of sample size difference and (ii) confirm consistency between the discovery and replication studies, to ensure that the replication data is sufficiently concordant to be used for a risk score analyses (see below).

Over 95% of the variants that were significant in the conditional analyses also had $P < 0.05$ in the joint analyses (29/29 for HDL-C; 17/18 for LDL-C; 18/19 for TC; and 18/20 for TG) (Supplementary Table 4). A comparison of the β s between conditional and joint analyses (Figure 2) revealed close agreement between the two analyses, with almost perfect directional consistency (55 out of 56 variants). Comparison of the p-values from each analysis (Figure 2) also showed close agreement for most variants despite a difference in sample size between the two analyses and the more conservative nature of the joint tests. Importantly, the relationship between p-values did not appear to depend on MAF, and none of the variants with noticeably discordant p-values was rare or of low frequency. Of the four variants with $P > 0.05$ we excluded rs5015480 and rs2068888 (TG signals in *CYP26A1*) from further analyses but retained rs3208856 (*APOE*-LDL) and rs920915 (*LIPC*-TC) given that they are established associations. In summary, we found good concordance between the joint and conditional analyses within the discovery studies.

Joint analysis in the replication studies detected an effect in the same direction for 91.8% of the variants (Supplementary Table 4), showing good concordance between the discovery and replication data sets.

Locus specific genetic score analysis

Next we calculated an overall genetic risk score association for each region except *CYP26A1* (see joint analysis above), assessing the combined effects of all independent variants within a locus. In such analyses, the score is weighted by the effect sizes of each included variant. We used the beta estimates from the conditional analyses as risk score weights and performed the analyses in the replication set which comprised four independent studies (N=9,029). It is paramount to use an independent data set in order to minimise any bias.

The genetic score analyses identified several strong effects (Table 3; effect estimates are from the unweighted model and are expressed as per 1-allele increment); for example, in the *CETP* locus each trait-increasing allele associated with 12.4% of an SD (~0.06 mmol/l) increase in HDL-C accounting for 3.1% of the overall trait variation. We also note the *PCSK9* locus in which each trait-increasing allele was associated with 19.2% of an SD (~0.18 mmol/l) increase in LDL-C, but this region accounted for only 0.4% of the variation. *PCSK9* was also associated with a large effect on TC (16.6% of an SD; 0.18 mmol/l per trait-increasing allele), and explained 0.3% of the variation. For TG, the strongest effect was found at the *APOA1* locus (17.2% of an SD; ~0.20 mmol/l per trait-increasing allele accounting for 1.7% of the variation). Cumulatively per trait, all regions tested accounted for 6.3% (HDL-C), 2.9% (LDL-C), 2% (TC), and 3.8% (TG) of the variation (Table 3).

Heritability

First, we assessed heritability in the 135 unique known lipid loci which reached $P < 0.01$ in our study, considering only the published lead SNP (or proxy) and estimated a 7.12% heritability for HDL-C, 6.52% for LDL-C, 7.03% for TC and 6.31% for TG. When we considered for the same loci all independent sentinel SNPs from our study (lead and secondary signals as per Supplementary Table 1) we observed a between 1.5 and 2.5 -fold increase in the heritability estimates (14.73% for HDL-C, 15.06% for LDL-C, 13.49% for TC and 9.62% for TG).

Finally, after exclusion of the CYP26A1 locus (2 variants) we assessed the incremental contribution of the multiple independent signals we detected by conditional analysis in the remaining 30 loci (87 in total) to heritability. Accounting for all signals per locus increased their contribution to heritability estimates for all lipid traits; 4.78% vs. 11.07% (HDL-C), 1.26% vs. 8.89% (LDL-C), 2.29% vs. 7.00% (TC), and 5.70% vs. 6.55% (TG) when comparing heritability estimates based on the known sentinel SNPs alone.

DISCUSSION

We undertook an association study in 27,312 individuals to test the hypothesis that low-frequency and rare coding variants contribute to the genetic architecture of the four main lipid traits, TC, TG, HDL-C and LDL-C explaining some of the missing heritability in large-scale genetic studies of common variants (2, 3). Of the 203,350 non-synonymous (missense, nonsense, splice-site, and frameshift) variants present on the ExomeChip, ~64,000 had a minor allele frequency above 0.1% to allow for single variant association testing. We did not find any new loci to be significant at the genome-wide level of significance in addition to the 159 loci known to be robustly associated ($P < 5 \times 10^{-8}$) with plasma concentrations of these lipid traits. Our findings are in agreement with other recent studies that have used exome sequencing, exome arrays or 1000 Genome Project imputed GWAS studies to investigate circulating blood lipid levels or related traits (23-25) that have also not found new loci harbouring low frequency / rare coding variants with large effect sizes (23-26).

To extend our assessment of the impact of low frequency / rare coding variation on lipid levels, we also examined the 159 known lipid (2, 3) by assessing the results of both the single-marker and conditional analyses at these loci; for the latter we took advantage of the presence of previously reported index lipid-associated variant (or a good proxy) at 135 of these loci on the ExomeChip. We note that a recent study by the ENGAGE consortium (26) has identified an additional 10 unique loci associated with lipid traits but the Exome-chip does not harbour the sentinel SNP or a good proxy to allow conditional analysis (7 loci have a variant on the array reaching nominal significance; Supplementary Table 5). Interestingly, in 16 of the loci tested in our study we detected lead variants having an index signal at least 1000-fold more significant than the previously-reported sentinel SNP (Table 1); these included variants previously reported

in the literature for either the investigated and other lipid traits (10) or for lipid traits other than the investigated one (4) as well as two variants not previously associated with a lipid trait (rs3094216 and rs72836561). SNP rs3094216 (MAF 77.6%) is located in the *CDSN* gene, corneodesmosin, which encodes a protein found in human epidermis and other cornified squamous epithelia. Furthermore, rs3094216, is in strong LD with rs3095318 a missense variant in *CDSN* (p. M18L). Mutations in *CDSN* are known to cause peeling skin syndrome (PSS) type B disease, a rare recessive genodermatosis whereas a common synonymous SNP (rs1062470) has been associated with psoriasis (27). The other variant, rs72836561, is a low frequency missense variant in *CD300LG* (p.R82C; MAF 2.69%). *CD300LG* encodes the CD300 molecule-like family member G protein; a type I cell surface glycoprotein that contains a single immunoglobulin V-like domain and has a role in lymphocyte binding and transmigration.

In addition to rs72836561 (*CD300LG*) described above, two more low frequency or rare coding variants had not been previously associated with a lipid trait: the missense variant rs3798220 (p. I1891M) in *LPA* which was associated with LDL-C levels and rs34606562 a synonymous change (p.L1174) in *KDM2B* associated with TC levels. *KDM2B* encodes a member of the F-box protein family which is characterized by an approximately 40 amino acid motif, the F-box. The F-box proteins constitute one of the four subunits of ubiquitin protein ligase complex called SCFs (SKP1-cullin-F-box), which function in phosphorylation-dependent ubiquitination. *KDM2B* gene has been recently associated with methylation in adipose tissue and our lead variant (rs34606562) which overlaps a strong peak for H3K27Ac, is located 95.6 kb away of the methylation probe (cg13708645) used to detect it (28). In total, after taking in to consideration the results of the conditional analyses, we found 27 low frequency (13) or rare coding variants (14) to be associated with lipid levels. Interestingly, we observed higher effect sizes for variants

with minor allele frequency below 3% compared to more common SNPs (Supplementary Figure 2; power calculations based on total cholesterol showed 80% power to detect a minimum effect size of 0.125 at 1% MAF). However, this may reflect the fact that our study only had power to detect rare variants with higher effect sizes.

Overall, our study identified 14 missense variants not previously reported to be associated with a lipid trait. Two of them, rs3798220 and rs72836561, were new sentinel SNPs (Table 1) and the remaining 12 were identified as distinct additional signals through conditional analysis (rs116329129, rs138407155, rs140029729, rs200684324, rs117623631, rs5167, rs36053277, rs145814749, rs1132899, rs5742904, rs139788907, rs5880; Table 2). In total, 21 unique lipid loci (28 regions of association; all lipid traits) where we had the known sentinel SNP on the ExomeChip array had a missense variant as lead SNP ($P < 10^{-4}$) (Supplementary Table 1).

Our joint analyses validated the results from the conditional analyses showing that the GCTA software is also suitable for handling low-frequency variants, despite being designed for common variant analysis. We removed from further analyses one locus for TG, *CYP26A1*, based on the results of the joint analysis as both variants had $P_j > 0.05$. This was partly due to using a random effect model for rs2068888 which showed significant heterogeneity. In the genetic score analyses, estimating the combined effect of genetic variants within each locus, we observed substantial overall effects on lipid traits in several loci (*CETP*, *PCSK1*, *APOA1*); for example, in the *CETP* locus each trait-increasing allele associated with 12.4% of an SD (~0.06 mmol/l) increase in HDL-C accounting for 3.1% of the overall trait variation.

As shown by others (26, 29-32), we found a substantial increase in the explained variance when we assessed heritability estimates based on the 209 variants (all traits) identified by both the unconditional and conditional analysis compared to the published lead SNPs in the

corresponding 135 loci. In some loci the inclusion of new independent secondary signals contributes only marginally to heritability estimates. For example, in the APOE locus, 96.26% of the locus-specific heritability for TC was explained by rs7412 and rs769449 (72.41% and 23.84% respectively) which capture the *APOE* 2/3/4 alleles. SNP rs7412 was the most significant variant for TC and LDL-C ($P=7.43\times 10^{-145}$ and $P=1.43\times 10^{-80}$ respectively) in our study whereas rs769449, a proxy of rs429358 (r^2 0.82), was the lead variant for HDL-C ($P=7.29\times 10^{-13}$) and a secondary independent signal for TC and LDL-C. For LDL-C, these two variants explain 91.51% of the locus-specific heritability (70.95% and 20.56% respectively). Among the three additional secondary signals in the APOE locus for LDL-C, the low-frequency missense variant rs3208856 explained most of the remaining variance (7.55%). Overall the inclusion of low frequency / rare variants appear to significantly impact heritability estimates, for example, we observed a seven-fold increase in LDL-C variance explained cumulative when comparing only the loci that harboured secondary signals. But rare coding variants with large effect sizes are not likely to explain the overall missing fraction of the genetic component of lipid traits.

Some important limitations of our study merit to be highlighted. First, the list of tested coding variants is by no means exhaustive especially at the rare end of the frequency spectrum. Hamond and colleagues, estimated the Exome array to capture 72.5% and 66.2% of loss-of-function (LoF) and missense variation with MAF 0.5 and 0.1%, respectively (33). Second, our study does not have sufficiently high power to detect very low-frequency and / or rare variants with small effect sizes. Power calculations for our study (based on total cholesterol) showed that we had 80% power to detect a minimum effect size of 0.07 at a 3% MAF, 0.125 at 1% MAF, 0.4 at 0.1% and 1.25 at 0.01% MAF. Therefore, even larger sample sizes will be required to identify new rare variants with small effect sizes.

In conclusion, we demonstrate that low frequency / rare coding variants contribute to the genetic architecture and heritability of lipid traits despite a paucity of low frequency coding variants with large effect sizes.

MATERIALS AND METHODS

Samples and Phenotypes

We collected summary statistics for ExomeChip SNPs from 19 studies (N~26,000). Among these, 17 studies consisted primarily of individuals of European ancestry, and two studies consisted of individuals of South Asian descent (see Supplementary Note and Supplementary Table 6 for details). Both population-based studies and case-control studies were included; for case-control studies, cases and control samples were analysed separately. Results for blood lipid levels were provided in mmol/l units and trait residuals within each cohort were adjusted for age, age², and sex, and then inverse-rank normalized. Individuals known to be on lipid-lowering medication were excluded from the analysis (Supplementary Table 6).

Genotyping

A total of 247,870 genetic variants were genotyped using the Illumina ExomeChip array. The ExomeChip variants comprise 203,350 non-synonymous, 10,690 splice and 5,641 stop variants as well as 4,761 SNPs from the GWAS NHGRI catalogue. Genotypes were called with GenCall, subjected to QC (Supplementary Table 7) to remove poor quality samples and finally recalled using zCall, an algorithm optimised for rare variant detection (34). Average standard errors for association statistics from each study were plotted against study sample size to identify outlier

studies. Allele frequencies were inspected to ensure all analyses used the same strand assignment.

Primary linear regression analysis

Analyses were performed for each trait (HDL-C, LDL-C, TC and TG) using the assumption of an additive genetic model. Individual SNP association tests were performed using linear regression with the inverse normal transformed trait values as the dependent variable and the expected allele count for each individual as the independent variable. Explicit adjustments for population sub-structure using principal components (35) were carried out. These analyses were performed using a range of analytical software (Supplementary Table 7).

Meta-analysis

An inverse-variance weighted meta-analysis using a fixed effect model was performed, using both GWAMA (36) and METAL (37) and results were compared and checked for consistency. SNPs were excluded from the meta-analysis if they had $MAF > 5\%$ and were absent in $> 90\%$ of the samples or had $MAF < 5\%$ and were absent in $> 25\%$ of the samples and present in at least two studies and/or failed cluster plot evaluation. Heterogeneity was evaluated using Cochran's Q - and I^2 statistic. For SNPs with non-significant heterogeneity (P for $Q > 0.01$), we report the results from the fixed effect model whereas in the presence of significant heterogeneity (P for $Q < 0.01$) we used a random effect model. Signals were considered to be novel if they reached a genome-wide significance ($P < 5 \times 10^{-8}$) in the meta-analysis and were $> \pm 500$ kB away from the nearest previously described lipid locus. For the previously published lipid loci we considered replication at nominal significance level of $P < 0.01$. We note that for 28 loci the published lead

SNP was not present on the ExomeChip (21) or were removed during QC (Supplementary Table 8).

Approximate conditional analysis

Conditional analysis was implemented in GCTA (19) using meta-analysis summary statistics from all 27,312 samples. A subset of 11,396 samples (part of the contributing studies: BC1958, BRIGHT, FIA3, EPIC and GoDARTS) of European origin was used as a reference panel for LD calculations. We considered in total 159 published lipid loci (2, 3) and 247 lipid association signals (73 for HDL-C, 58 for LDL-C, 74 for TC and 42 for TG). SNPs failing the cluster plot inspection were replaced by the next most significant SNP in the locus. Subsequent rounds of stepwise conditional analysis were performed in each locus until no significant SNP could be identified. The level of significance for each round of the conditional analysis was defined as $0.05/(\text{locus SNP content} - \text{conditional SNPs})$ to account for multiple testing (Supplementary Table 2).

Joint analyses

Joint analyses were performed for any loci identified in the conditional analyses as containing more than one statistically significant SNP. The joint tests estimated the associations between the phenotype and all statistically significant independent SNPs within a region simultaneously (by fitting one linear regression model per region).

Locus specific genetic score analyses

The genetic score analyses estimated the combined effect of all statistically significant SNPs within a region (Supplementary Table 2) by regressing a genetic score against the phenotype. Genetic scores were derived in two ways: 1) by summing the number of trait-increasing alleles (as defined by the estimated directions of the SNPs effects in the conditional analyses) carried by each individual; and 2) by producing a weighted sum of the number of trait-increasing alleles against the phenotype (38). In this latter scenario, the genetic scores were weighted by multiplying genotypes by the corresponding estimated SNP effect (i.e. the “ β ”) from the conditional analysis. Joint tests and genetic score analyses were performed on the inverse-rank normalised trait values, which had been adjusted for age, age² and sex. Adjustments for principal components were also made, where applicable, to control for any potential population stratification within each study.

The joint analyses were run in a total of 20 cohorts ($N_{\max}=33,923$). Of these, 16 ($N=24,894$) contributed to the individual SNP meta- and conditional analyses and were considered “discovery” cohorts, while a further 4 cohorts ($N=9,029$) that did not contribute to the preceding analyses were also included as “replication” cohorts. The genetic score analyses were only run in the replication cohorts in order to minimise bias, due to using weights estimated from the discovery meta-analyses. Only studies with unrelated individuals were included in these analyses. Studies with any missing data (i.e. where a SNP had been dropped during QC) within a particular region did not contribute to the overall result for that region.

Linear regression tests and genetic score analyses were conducted separately by each study. Meta-analyses were performed using the *metafor* package in *R* (39). Overall estimates of the proportion of variation explained by each region (“ R^2 ”) were derived by taking a weighted average over contributing studies (with weights based on sample size).

Heritability

Heritability estimates were calculated using the multifactorial liability threshold model (40). The calculations are performed using the inverse normal transformed traits meta-analysis results, based on a population SD of 1 and under the additive genetic model assumption. All variants included in the heritability calculations per trait were not in LD ($r^2 < 0.3$).

URLs

http://genome.sph.umich.edu/wiki/Exome_Chip_Design

<http://www.metafor-project.org/> <http://www.wvbauer.com>

The results of the meta-analysis are available upon request and will be made available at

<http://www.qmul.ac.uk/ExomeChip.Lipids.SummaryStatistics.zip>

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CONFLICT OF INTEREST STATEMENT

The authors have no conflict to report.

REFERENCES

- 1 Consortium, C.A.D., Deloukas, P., Kanoni, S., Willenborg, C., Farrall, M., Assimes, T.L., Thompson, J.R., Ingelsson, E., Saleheen, D., Erdmann, J. *et al.* (2013) Large-scale association analysis identifies new risk loci for coronary artery disease. *Nat. Genet.*, **45**, 25-33.
- 2 Global Lipids Genetics, C., Willer, C.J., Schmidt, E.M., Sengupta, S., Peloso, G.M., Gustafsson, S., Kanoni, S., Ganna, A., Chen, J., Buchkovich, M.L. *et al.* (2013) Discovery and refinement of loci associated with lipid levels. *Nat. Genet.*, **45**, 1274-1283.
- 3 Teslovich, T.M., Musunuru, K., Smith, A.V., Edmondson, A.C., Stylianou, I.M., Koseki, M., Pirruccello, J.P., Ripatti, S., Chasman, D.I., Willer, C.J. *et al.* (2010) Biological, clinical and population relevance of 95 loci for blood lipids. *Nature*, **466**, 707-713.
- 4 Manolio, T.A., Collins, F.S., Cox, N.J., Goldstein, D.B., Hindorff, L.A., Hunter, D.J., McCarthy, M.I., Ramos, E.M., Cardon, L.R., Chakravarti, A. *et al.* (2009) Finding the missing heritability of complex diseases. *Nature*, **461**, 747-753.
- 5 Chasman, D.I., Pare, G., Mora, S., Hopewell, J.C., Peloso, G., Clarke, R., Cupples, L.A., Hamsten, A., Kathiresan, S., Malarstig, A. *et al.* (2009) Forty-three loci associated with plasma lipoprotein size, concentration, and cholesterol content in genome-wide analysis. *PLoS Genet.*, **5**, e1000730.
- 6 Kathiresan, S., Willer, C.J., Peloso, G.M., Demissie, S., Musunuru, K., Schadt, E.E., Kaplan, L., Bennett, D., Li, Y., Tanaka, T. *et al.* (2009) Common variants at 30 loci contribute to polygenic dyslipidemia. *Nat. Genet.*, **41**, 56-65.

- 7 Sandhu, M.S., Waterworth, D.M., Debenham, S.L., Wheeler, E., Papadakis, K., Zhao, J.H., Song, K., Yuan, X., Johnson, T., Ashford, S. *et al.* (2008) LDL-cholesterol concentrations: a genome-wide association study. *Lancet*, **371**, 483-491.
- 8 Willer, C.J., Sanna, S., Jackson, A.U., Scuteri, A., Bonnycastle, L.L., Clarke, R., Heath, S.C., Timpson, N.J., Najjar, S.S., Stringham, H.M. *et al.* (2008) Newly identified loci that influence lipid concentrations and risk of coronary artery disease. *Nat. Genet.*, **40**, 161-169.
- 9 Kaess, B., Fischer, M., Baessler, A., Stark, K., Huber, F., Kremer, W., Kalbitzer, H.R., Schunkert, H., Riegger, G. and Hengstenberg, C. (2008) The lipoprotein subfraction profile: heritability and identification of quantitative trait loci. *J. Lipid Res.*, **49**, 715-723.
- 10 Lupski, J.R., Belmont, J.W., Boerwinkle, E. and Gibbs, R.A. (2011) Clan genomics and the complex architecture of human disease. *Cell*, **147**, 32-43.
- 11 Schork, N.J., Murray, S.S., Frazer, K.A. and Topol, E.J. (2009) Common vs. rare allele hypotheses for complex diseases. *Curr. Opin. Genet. Dev.*, **19**, 212-219.
- 12 Sandhu, M.S., Waterworth, D.M., Debenham, S.L., Wheeler, E., Papadakis, K., Zhao, J.H., Song, K., Yuan, X., Johnson, T., Ashford, S. *et al.* (2008) LDL-cholesterol concentrations: a genome-wide association study. *Lancet*, **371**, 483-491.
- 13 Teslovich, T.M., Musunuru, K., Smith, A.V., Edmondson, A.C., Stylianou, I.M., Koseki, M., Pirruccello, J.P., Ripatti, S., Chasman, D.I., Willer, C.J. *et al.* Biological, clinical and population relevance of 95 loci for blood lipids. *Nature*, **466**, 707-713.
- 14 Willer, C.J., Schmidt, E.M., Sengupta, S., Peloso, G.M., Gustafsson, S., Kanoni, S., Ganna, A., Chen, J., Buchkovich, M.L., Mora, S. *et al.* Discovery and refinement of loci associated with lipid levels. *Nat Genet*, **45**, 1274-1283.

- 15 Voight, B.F., Scott, L.J., Steinthorsdottir, V., Morris, A.P., Dina, C., Welch, R.P., Zeggini, E., Huth, C., Aulchenko, Y.S., Thorleifsson, G. *et al.* (2010) Twelve type 2 diabetes susceptibility loci identified through large-scale association analysis. *Nat. Genet.*, **42**, 579-589.
- 16 Clarke, R., Peden, J.F., Hopewell, J.C., Kyriakou, T., Goel, A., Heath, S.C., Parish, S., Barlera, S., Franzosi, M.G., Rust, S. *et al.* (2009) Genetic variants associated with Lp(a) lipoprotein level and coronary disease. *N. Engl. J. Med.*, **361**, 2518-2528.
- 17 Kaminski, W.E., Wenzel, J.J., Piehler, A., Langmann, T. and Schmitz, G. (2001) ABCA6, a novel a subclass ABC transporter. *Biochem. Biophys. Res. Commun.*, **285**, 1295-1301.
- 18 Gai, J., Ji, M., Shi, C., Li, W., Chen, S., Wang, Y. and Li, H. (2013) FoxO regulates expression of ABCA6, an intracellular ATP-binding-cassette transporter responsive to cholesterol. *Int. J. Biochem. Cell Biol.*, **45**, 2651-2659.
- 19 Yang, J., Ferreira, T., Morris, A.P., Medland, S.E., Genetic Investigation of, A.T.C., Replication, D.I.G., Meta-analysis, C., Madden, P.A., Heath, A.C., Martin, N.G. *et al.* (2012) Conditional and joint multiple-SNP analysis of GWAS summary statistics identifies additional variants influencing complex traits. *Nat. Genet.*, **44**, 369-375, S361-363.
- 20 Kraja, A.T., Vaidya, D., Pankow, J.S., Goodarzi, M.O., Assimes, T.L., Kullo, I.J., Sovio, U., Mathias, R.A., Sun, Y.V., Franceschini, N. *et al.* (2011) A bivariate genome-wide approach to metabolic syndrome: STAMPEED consortium. *Diabetes*, **60**, 1329-1339.
- 21 AS, J.d., C, A., P, S.G. and S, C. (2014) Systemic Lupus Erythematosus: Old and New Susceptibility Genes versus Clinical Manifestations. *Curr. Genomics*, **15**, 52-65.
- 22 Visscher, P.M., Brown, M.A., McCarthy, M.I. and Yang, J. (2012) Five years of GWAS discovery. *Am. J. Hum. Genet.*, **90**, 7-24.

- 23 Lange, L.A., Hu, Y., Zhang, H., Xue, C., Schmidt, E.M., Tang, Z.Z., Bizon, C., Lange, E.M., Smith, J.D., Turner, E.H. *et al.* (2014) Whole-exome sequencing identifies rare and low-frequency coding variants associated with LDL cholesterol. *Am. J. Hum. Genet.*, **94**, 233-245.
- 24 Peloso, G.M., Auer, P.L., Bis, J.C., Voorman, A., Morrison, A.C., Stitzel, N.O., Brody, J.A., Khetarpal, S.A., Crosby, J.R., Fornage, M. *et al.* (2014) Association of low-frequency and rare coding-sequence variants with blood lipids and coronary heart disease in 56,000 whites and blacks. *Am. J. Hum. Genet.*, **94**, 223-232.
- 25 Rosenthal, E.A., Ranchalis, J., Crosslin, D.R., Burt, A., Brunzell, J.D., Motulsky, A.G., Nickerson, D.A., Project, N.G.E.S., Wijisman, E.M. and Jarvik, G.P. (2013) Joint linkage and association analysis with exome sequence data implicates SLC25A40 in hypertriglyceridemia. *Am. J. Hum. Genet.*, **93**, 1035-1045.
- 26 Surakka, I., Horikoshi, M., Mägi, R., Sarin, A.P., Mahajan, A., Lagou, V., Marullo, L., Ferreira, T., Miraglio, B., Timonen, S., *et al.* (2015) The impact of low-frequency and rare variants on lipid levels. *Nat. Genet.*, **47**, 589-97.
- 27 Capon, F., Allen, M.H., Ameen, M., Burden, A.D., Tillman, D., Barker, J.N., Trembath, R.C. (2004) A synonymous SNP of the corneodesmosin gene leads to increased mRNA stability and demonstrates association with psoriasis across diverse ethnic groups. *Hum. Mol. Genet.*, **13**, 2361-68
- 28 Demerath E.W., Guan W., Grove M.L., Aslibekyan S., Mendelson M., Zhou Y.H., Hedman Å.K., Sandling J.K., Li L.A., Irvin M.R., *et al.* (2015) Epigenome-wide association study (EWAS) of BMI, BMI change and waist circumference in African American adults identifies multiple replicated loci. *Hum. Mol. Genet.*, **24**, 4464-79.

- 29 Asselbergs, F.W., Guo, Y., van Iperen, E.P., Sivapalaratnam, S., Tragante, V., Lanktree, M.B., Lange, L.A., Almoguera, B., Appelman, Y.E., Barnard, J. *et al.* (2012) Large-scale gene-centric meta-analysis across 32 studies identifies multiple lipid loci. *Am. J. Hum. Genet.*, **91**, 823-838.
- 30 Sanna, S., Li, B., Mulas, A., Sidore, C., Kang, H.M., Jackson, A.U., Piras, M.G., Usala, G., Maninchedda, G., Sassu, A. *et al.* (2011) Fine mapping of five loci associated with low-density lipoprotein cholesterol detects variants that double the explained heritability. *PLoS Genet.*, **7**, e1002198.
- 31 Tada, H., Won, H.H., Melander, O., Yang, J., Peloso, G.M. and Kathiresan, S. (2014) Multiple associated variants increase the heritability explained for plasma lipids and coronary artery disease. *Circ. Cardiovasc. Genet.*, **7**, 583-587.
- 32 Wu, Y., Waite, L.L., Jackson, A.U., Sheu, W.H., Buyske, S., Absher, D., Arnett, D.K., Boerwinkle, E., Bonnycastle, L.L., Carty, C.L. *et al.* (2013) Trans-ethnic fine-mapping of lipid loci identifies population-specific signals and allelic heterogeneity that increases the trait variance explained. *PLoS Genet.*, **9**, e1003379.
- 33 Holmen, O.L., Zhang, H., Zhou, W., Schmidt, E., Hovelson, D.H., Langhammer, A., Løchen, M.L., Ganesh, S.K., Mathiesen, E.B., Vatten, L., Platou, C., Wilsgaard, T., Chen, J., Skorpen, F., Dalen, H., Boehnke, M., Abecasis, G.R., Njølstad, I., Hveem, K., Willer, C.J. (2014) No large-effect low-frequency coding variation found for myocardial infarction. *Hum. Mol. Genet.*, **23** 4721-4728.
- 33 Goldstein, J.I., Crenshaw, A., Carey, J., Grant, G.B., Maguire, J., Fromer, M., O'Dushlaine, C., Moran, J.L., Chambert, K., Stevens, C. *et al.* (2012) zCall: a rare variant caller for array-based genotyping: genetics and population analysis. *Bioinformatics*, **28**, 2543-2545.

- 34 Abdi, H. and Williams, L.J. (2010) Principal component analysis. *Wiley Interdisciplinary Reviews: Computational Statistics* **2**, 433-459.
- 35 Magi, R. and Morris, A.P. (2010) GWAMA: software for genome-wide association meta-analysis. *BMC Bioinformatics*, **11**, 288.
- 36 Willer, C.J., Li, Y. and Abecasis, G.R. (2010) METAL: fast and efficient meta-analysis of genomewide association scans. *Bioinformatics*, **26**, 2190-2191.
- 37 Warren, H., Casas, J.P., Hingorani, A., Dudbridge, F. and Whittaker, J. (2014) Genetic prediction of quantitative lipid traits: comparing shrinkage models to gene scores. *Genet. Epidemiol.*, **38**, 72-83.
- 38 Viechtbauer, W. (2010) Conducting Meta-Analyses in R with the metaphor Package. *J. Stat. Softw.*, **36**, 1-48.
- 39 Falconer, D.S. (1967) The inheritance of liability to diseases with variable age of onset, with particular reference to diabetes mellitus. *Ann. Hum. Genet.*, **31**, 1-20.

LEGENDS TO FIGURES

Figure 1 legend: Flow diagram of the study

Figure 2 legend: Comparison of results between conditional and joint analyses. Note that these figures do not include the lead SNP in each region (i.e. round > 0 means that variants from the conditional analysis are shown only), as the conditional analyses do not produce adjusted estimates of their effects in contrary to the joint analyses.

TABLES

Table 1. New sentinel SNPs in known lipid loci ($P < 10^{-4}$) showing stronger association than the previously reported variant

Trait	Locus(Gene; Amino Acid change)	rsID	New lead SNP							Published lead SNP						
			Trait-raising/Other allele	Public action Status	%EAF	N	β	SE	p-value	rsID (r2) ¶	Trait-raising/Other allele	%EAF	N	β	SE	p-value
New lead SNP >1000 fold more significant than the published lead SNP																
HDL	LIPG (LIPG;N/S)	rs77960347 ^{4,5}	G/A	a	1.29	25373	0.289	0.040	6.42E-13	rs7241918 ⁶ (0.006)	T/G	83.82	25371	0.075	0.012	7.78E-10
	ANGPTL4(ANGPTL4;E/K)	rs116843064 ^{4,5}	A/G	b	1.88	24406	0.254	0.034	6.79E-14	rs7255436 ^{1,2,14} (0.02)	A/C	51.66	25375	0.021	0.009	1.95E-02
	LIPC	rs1800588 ^{1,2}	T/C	a	21.89	25375	0.138	0.011	1.12E-36	rs1532085 ^{1,2} (0.0004)	A/G	40.26	25374	0.109	0.009	1.16E-31
	APOA1	rs2266788 ^{1,8}	A/G	a	91.66	25375	0.115	0.016	3.29E-12	rs964184 ^{1,8} (0.5)	C/G	80.45	25372	0.098	0.021	3.04E-06
	TRIB1	rs2954033 ¹	G/A	a	70.47	25374	0.041	0.010	3.29E-05	rs2954029 ^{1,2,10} (0.4)	T/A	44.76	25375	0.016	0.009	6.92E-02
	APOE	rs769449 ^{1,2,10,16}	G/A	b	88.08	25375	0.100	0.014	7.39E-13	rs4420638 ^{1,11} (0.6)	A/G	81.15	21172	0.076	0.013	1.80E-09
LDL	APOE (APOE;R/C)	rs7412 ^{4,5}	C/T	a	92.79	24361	0.561	0.029	1.43E-80	rs4420638 ^{1,11} (0.02)	G/A	18.80	20158	0.200	0.013	3.15E-54
	PCSK9(PCSK9;R/L)	rs11591147 ^{1,4,5}	G/T	a	98.35	24361	0.461	0.036	1.93E-37	rs2479409 ^{1,13} (0.009)	G/A	33.61	24361	0.042	0.010	2.14E-05
	CILP2	rs2304130 ^{1,2,12}	A/G	a	91.06	24360	0.099	0.016	9.01E-10	rs10401969 ^{1,2,14} (0.5)	T/C	91.92	22547	0.119	0.028	1.62E-05
	APOA1	rs2075290 ^{1,2}	C/T	a	8.26	27312	0.120	0.016	3.52E-14	rs964184 ^{1,8} (0.5)	G/C	19.26	27309	0.097	0.020	2.26E-06
TC	FRMD5(MAP1A;P/L)	rs55707100 ^{4,5}	T/C	a	2.60	26483	0.186	0.028	6.87E-11	rs2929282 ^{1,2} (0.4)	T/A	4.86	26473	0.063	0.021	2.64E-03
	APOE(APOE;R/C)	rs7412 ^{4,5}	C/T	b	92.73	27312	0.423	0.017	7.43E-145	rs4420638 ^{1,11} (0.02)	G/A	19.09	23109	0.164	0.012	1.96E-42
	PCSK9(PCSK9;R/L)	rs11591147 ^{1,4,5}	G/T	b	98.39	27312	0.406	0.034	5.42E-32	rs2479409 ^{1,13} (0.009)	G/A	33.96	27312	0.039	0.009	2.57E-05
	MPP3(CD300LG;R/C)	rs72836561 ^{4,5}	T/C	c	2.69	26484	0.133	0.027	1.21E-06	rs8077889 ^{1,11} (0.007)	C/A	20.33	26484	0.005	0.011	6.69E-01
	APOA1	rs2266788 ^{1,8}	G/A	a	8.34	26484	0.265	0.016	5.97E-61	rs964184 ^{1,8} (0.5)	G/C	19.45	26481	0.230	0.037	7.99E-10
	WASF5P_HLAB(CD SN)	rs3094216 ^{2,7,10,16}	A/G	c	77.60	26484	0.052	0.011	3.66E-06	rs2247056 ^{1,2,10} (0.08)	C/T	75.18	26484	0.028	0.011	1.04E-02
New lead SNP nominally more significant than the published lead SNP																
HDL	ABCA1	rs3905000 ^{1,2}	G/A	a	86.23	25374	0.095	0.013	4.85E-13	rs1883025 ^{1,2} (0.3)	C/T	73.92	25374	0.074	0.010	6.85E-13
	MLXIPL	rs1178979 ^{1,8}	C/T	b	18.21	25375	0.055	0.012	3.10E-06	rs17145738 ^{1,11} (0.5)	T/C	12.03	25375	0.056	0.014	6.07E-05
	COBLL1	rs13389219 ^{1,15}	T/C	b	38.05	25374	0.037	0.009	9.09E-05	rs12328675 ^{1,8}	C/T	12.08	25371	0.042	0.014	2.36E-03

											(0.2)						
LDL	BRAP(SH2B3;W/R)	rs3184504 ^{1,4,5}	C/T	a	56.67	24361	0.040	0.010	3.28E-05	rs11065987 ^{1,6} (0.7)	A/G	61.63	24361	0.036	0.010	2.04E-04	
	MYLIP(MYLIP;N/S)	rs9370867 ^{4,5}	A/G	a	50.43	24158	0.038	0.009	3.52E-05	rs3757354 ^{1,15} (0.3)	C/T	76.91	24359	0.035	0.011	1.18E-03	
	LPA(LPA;I/M)	rs3798220 ^{1,4,5}	C/T	c	1.57	24361	0.154	0.037	3.42E-05	rs1564348 ^{1,2} (0.001)	C/T	16.55	24361	0.032	0.012	9.31E-03	
TC	APOB	rs541041 ^{1,6}	A/G	a	83.48	27312	0.141	0.012	2.29E-33	rs1367117 ^{4,5} (0.06)	A/G	31.96	27312	0.112	0.009	6.19E-33	
	CETP	rs1532624 ^{1,2,15}	A/C	a	44.13	27311	0.040	0.009	5.88E-06	rs3764261 ^{1,13} (0.6)	A/C	32.17	27312	0.041	0.009	1.03E-05	
	HNFI1A(KDM2B;L)	rs34606562 ^{7,10,16}	C/A	c	99.99	6885	2.810	0.708	7.20E-05	rs1169288 ^{1,4,5,14} (0.000009)	C/A	34.67	27307	0.028	0.009	2.73E-03	
TG	FTO	rs3751813 ^{2,9}	T/G	c	55.18	24410	0.037	0.009	5.77E-05	rs1121980 ^{1,2} (0.6)	A/G	43.11	26484	0.027	0.009	2.56E-03	
	CYP26A1	rs5015480 ^{1,11,17}	C/T	c	55.75	26480	0.038	0.009	2.62E-05	rs2068888 ^{1,11} (0.00003)	G/A	53.36	26483	0.037	0.009	3.97E-05	

Publication status a: previously published variants for the investigated and other lipid traits, **publication status b:** previously published variants for lipid traits other than the investigated one, **publication status c:** new variants (not published for any lipids trait)

¶Pair wise LD estimation between the ExomeChip lead SNP and the published lead SNP was based on the reference panel used for the conditional analysis (n=11,396 samples).

¹NHGRI catalogue, ²intron variant, ³independent secondary hit in the conditional analysis, ⁴nonsynonymous variant, ⁵missense variant, ⁶intergenic variant, ⁷synonymous variant, ⁸3' prime UTR variant, ⁹common variant, ¹⁰non-coding transcript variant, ¹¹ downstream gene variant, ¹²splice region variant, ¹³upstream gene variant, ¹⁴nonsense-mediated mRNA decay transcript variant, ¹⁵regulatory region variant, ¹⁶non-coding exon variant, ¹⁷did not reach significance threshold in joint analysis ($P_j > 0.05$; see text)

Table 2. New variants identified as independent signals in the approximate conditional analysis

Trait	Chromosome: Position	rsID	Trait-raising/ Other allele	%EA F	Single SNP meta-analysis			Approximate conditional meta-analysis				Locus	
					β	SE	p-value	N	β	SE	p-value		Conditioned on
HDL	4:102816487	rs116329129 ^{1,4}	T/C	99.97	1.835	0.448	4.23E-05	9023	1.842	0.448	3.99E-05	rs13107325	SLC39A8
	11:117112526	rs79554110 ^{2,3}	T/G	37.94	0.038	0.009	5.69E-05	24813	0.034	0.009	2.16E-04	rs2266788, rs35120633, rs186808413	APOA1
	11:116707044	rs138407155 ^{1,4}	A/T	99.88	0.589	0.143	3.98E-05	20910	0.505	0.143	4.09E-04	rs2266788, rs35120633, rs186808413, rs79554110	APOA1
	15:58830639	rs140029729 ^{1,4}	A/G	99.92	1.019	0.273	1.88E-04	8544	0.963	0.273	4.14E-04	rs1800588, rs10468017	LIPC
	15:58837989	rs200684324 ^{1,4}	A/G	0.13	0.760	0.223	6.62E-04	7941	0.721	0.223	1.23E-03	rs1800588, rs10468017, rs140029729	LIPC
	18:47113165	rs117623631 ^{1,4}	T/C	0.22	0.389	0.116	8.36E-04	17028	0.390	0.116	8.08E-04	rs77960347, rs4939883	LIPG
	19:45448465	rs5167 ^{1,4,5}	G/T	36.02	0.042	0.009	6.19E-06	25337	0.046	0.009	8.70E-07	rs769449	APOE
	19:45028231	rs36053277 ^{1,4}	G/A	99.62	0.304	0.079	1.14E-04	22141	0.289	0.079	2.43E-04	rs769449, rs5167	APOE
LDL	6:161018174	rs7770628 ^{3,8}	C/T	45.47	0.030	0.009	1.38E-03	23595	0.035	0.009	2.03E-04	rs3798220	LPA
	12:121660770	rs145814749 ^{1,4}	G/A	99.91	0.768	0.205	1.85E-04	13946	0.768	0.205	1.85E-04	rs34606562	HNF1A
	19:45448036	rs1132899 ^{1,4,5}	T/C	47.49	0.033	0.009	3.37E-04	24201	0.037	0.009	4.71E-05	rs7412, rs769449, rs445925, rs3208856	APOE
TC	2:21229160	rs5742904 ^{1,4}	T/C	0.05	1.676	0.260	2.53E-11	13764	1.679	0.260	2.38E-11	rs541041, rs1367117, rs533617	APOB
TG	2:27550967	rs1049817 ¹¹	A/G	59.83	0.053	0.009	5.42E-09	26031	-0.030*	0.007	2.54E-05	rs1260326	GCKR
	11:116701353	rs76353203 ^{9,10}	C/T	99.96	1.258	0.320	8.60E-05	11860	1.279	0.320	6.58E-05	rs2266788, rs35120633	APOA1
	15:42436237	rs139788907 ^{1,4}	G/A	0.04	1.665	0.421	7.67E-05	6731	1.668	0.421	7.49E-05	rs2412710	CAPN3
	16:57015091	rs5880 ^{1,4}	C/G	5.09	0.085	0.021	3.85E-05	24330	0.078	0.021	1.33E-04	rs3764261	CETP

¹nonsynonymous variant, ²common variant, ³intron variant, ⁴missense variant, ⁵nonsense-mediated mRNA decay transcript variant, ⁶non-coding exon variant, ⁷non-coding transcript variant, ⁸NHGRI catalogue, ⁹stop gained variant, ¹⁰splice region variant, ¹¹synonymous

rs7770628 has been previously published for LPA eQTL

*change in the direction of the conditional effect

Table 3. Association results from the genetic score analyses estimating the combined effect of all statistically significant SNPs within a region by regressing a genetic score against each lipid trait

Trait	Locus	rsIDs	Replication studies				
			N	β	SE	p-value	R ²
HDL	LPL	rs328, rs268, rs13702, rs1801177	9025	0.098	0.010	1.07E-21	0.010
	ABCA1	rs3905000, rs1883025	9025	0.050	0.011	1.53E-05	0.003
	APOA1	rs2266788, rs35120633, rs186808413, rs79554110, rs138407155	9025	0.060	0.013	8.90E-14	0.003
	LIPC	rs1800588, rs10468017, rs140029729, rs200684324	7634	0.116	0.013	6.19E-18	0.010
	CETP	rs3764261, rs5880, rs9939224, rs5882	9025	0.124	0.007	1.12E-75	0.031
	LCAT	rs2271293, rs4986970	9025	0.064	0.020	1.15E-03	0.001
	APOE	rs769449, rs5167, rs36053277	9025	0.055	0.013	1.51E-04	0.003
LDL	ABCG5/8	rs6756629, rs4245791	8697	0.057	0.014	3.87E-05	0.002
	LPA	rs7770628, rs3798220	8697	0.037	0.016	4.31E-05	0.001
	PCSK9	rs505151, rs11591147	8697	0.192	0.034	3.73E-14	0.004
	APOE	rs1132899, rs3208856, rs445925, rs769449, rs7412	8697	0.116	0.013	5.13E-110	0.011
	APOB	rs41288783, rs5742904, rs533617, rs541041, rs1367117	8697	0.099	0.011	1.57E-19	0.010
TC	ABCG5/8	rs4245791, rs6756629	9029	0.057	0.013	2.09E-05	0.003
	PCSK9	rs11591147, rs505151	9029	0.166	0.033	2.37E-11	0.003
	APOA1	rs2075290, rs35120633	9029	0.091	0.022	5.66E-05	0.002
	LIPC	rs1532085, rs1800588, rs920915	9029	0.017	0.014	1.73E-02	0.000
	LIPG	rs4939883, rs77960347	9029	0.063	0.019	4.72E-04	0.002
	APOE	rs7412, rs439401, rs769449, rs445925	9029	0.046	0.011	4.05E-57	0.002
	APOB	rs541041, rs1367117, rs533617, rs5742904	9029	0.086	0.011	2.30E-18	0.008
TG	LPL	rs15285, rs268, rs1801177, rs328	8729	0.111	0.011	3.26E-26	0.013
	TRIB1	rs2954033, rs2954029	8729	0.049	0.009	7.72E-08	0.004
	APOA1	rs76353203, rs35120633, rs7350481, rs2266788	8729	0.172	0.015	2.70E-37	0.017
	LIPC	rs1800588, rs1532085	8729	0.030	0.012	9.63E-03	0.001
	CETP	rs5880, rs3764261	8729	0.035	0.015	2.87E-02	0.001
	GCKR	rs1049817, rs1260326	8729	0.077	0.018	3.32E-17	0.002

*Results taken from random-effects model (due to having $p < 0.01$ for the Q statistic). Betas, standard errors (SEs) and R² estimates taken

from the non-weighted models; betas are expressed as per 1-allele increment in the risk score, p-values estimated from the weighted models;

only regions with a p-value < 0.05 are presented. Note that R^2 estimates were synthesised by taking a weighted average over contributing studies (with weights based on sample size).

ABBREVIATIONS

MAF - Minor Allele Frequency

SNP - Single Nucleotide Polymorphism

GWAS - Genome-wide association studies

TC - Total Cholesterol

TG - Triglycerides

LDL-C - low-density lipoprotein cholesterol

HDL-C - high-density lipoprotein cholesterol

CAD - Coronary Artery Disease

CVD - Cardiovascular Disease

QC - Quality Control

LD - Linkage Disequilibrium

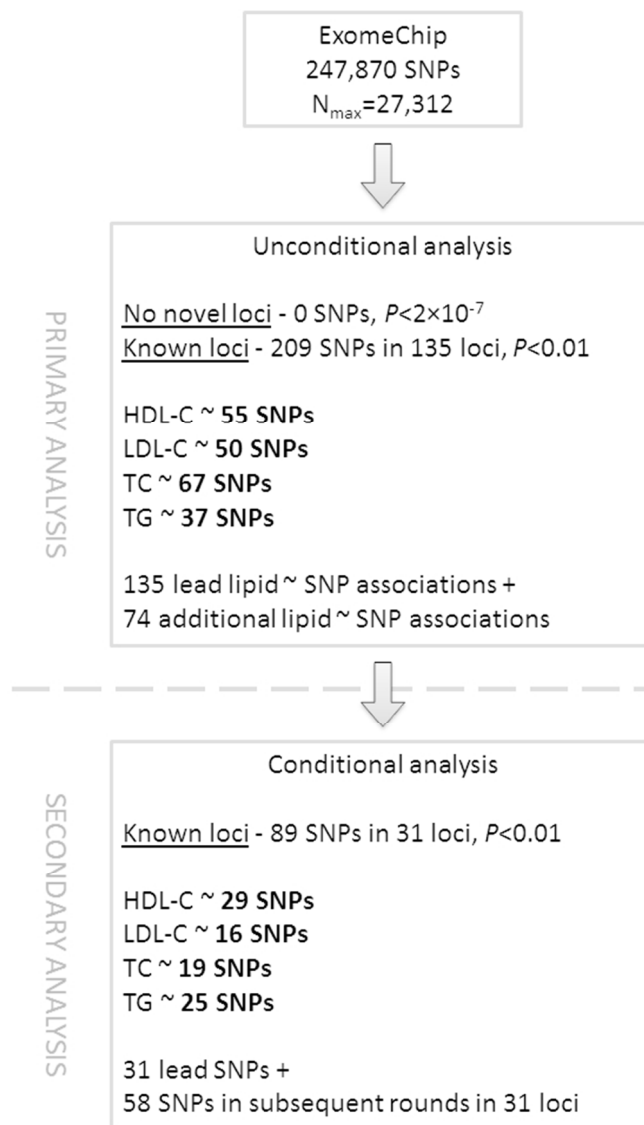


Figure 1: Flow diagram of the study

48x86mm (300 x 300 DPI)

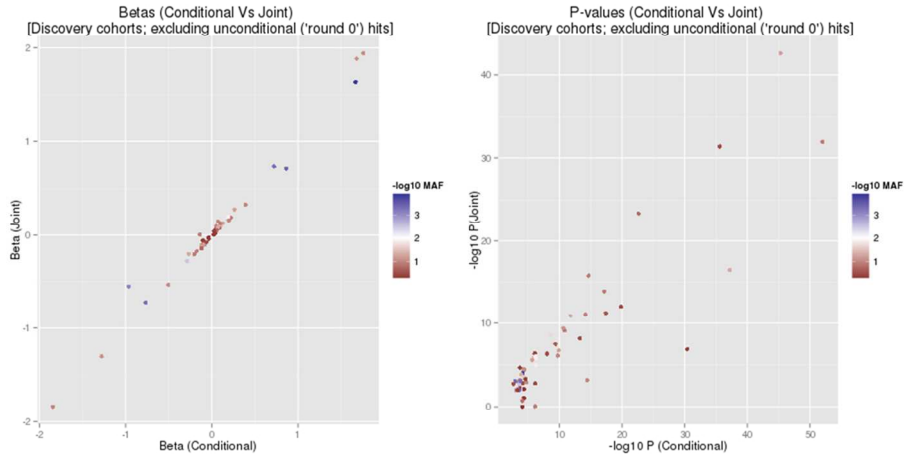


Figure 2: Comparison of results between conditional and joint analyses. Note that these figures do not include the lead SNP in each region (i.e. round > 0 means that variants from the conditional analysis are shown only), as the conditional analyses do not produce adjusted estimates of their effects in contrary to the joint analyses.

108x60mm (300 x 300 DPI)