Page 1 of 93 Diabetes

Genetic studies of leptin concentrations implicate leptin in the regulation of early adiposity

Hanieh Yaghootkar^{1,2,3*&}, Yiying Zhang^{4&}, Cassandra N Spracklen⁵, Tugce Karaderi^{6,7,8,9}, Lam Opal Huang¹⁰, Jonathan Bradfield^{11,12}, Claudia Schurmann¹³, Rebecca S Fine^{14,15,16}, Michael H Preuss¹³, Zoltan Kutalik^{1,17,18}, Laura BL Wittemans^{6,19}, Yingchang Lu^{13,20}, Sophia Metz¹⁰, Sara M Willems¹⁹, Ruifang Li-Gao²¹, Niels Grarup¹⁰, Shuai Wang²², Sophie Molnos^{23,24}, América A Sandoval-Zárate²⁵, Mike A Nalls^{26,27}, Leslie A Lange²⁸, Jeffrey Haesser²⁹, Xiuqing Guo³⁰, Leo-Pekka Lyytikäinen^{31,32}, Mary F Feitosa³³, Colleen M Sitlani³⁴, Cristina Venturini³⁵, Anubha Mahajan^{6,36}, Tim Kacprowski^{37,38}, Carol A Wang²², Daniel I Chasman^{39,40}, Najaf Amin⁴¹, Linda Broer⁴², Neil Robertson^{6,36}, Kristin L Young⁴³, Matthew Allison⁴⁴, Paul L Auer⁴⁵, Matthias Blüher⁴⁶, Judith B Borja^{47,48}, Jette Bork-Jensen¹⁰, Germán D Carrasquilla¹⁰, Paraskevi Christofidou³⁵, Ayse Demirkan⁴¹, Claudia A Doege⁴⁹, Melissa E Garcia⁵⁰, Mariaelisa Graff^{43,51}, Kaiying Guo⁴, Hakon Hakonarson^{11,52}, Jaeyoung Hong²², Yii-Der Ida Chen³⁰, Rebecca Jackson⁵³, Hermina Jakupović¹⁰, Pekka Jousilahti⁵⁴, Anne E Justice⁵⁵, Mika Kähönen^{56,57}, Jorge R Kizer^{58,59}, Jennifer Kriebel^{23,24}, Charles A LeDuc⁴, Jin Li⁶⁰, Lars Lind⁶¹, Jian'an Luan¹⁹, David Mackey⁶², Massimo Mangino^{35,63}, Satu Männistö⁵⁴, Jayne F Martin Carli⁴, Carolina Medina-Gomez^{41,42}, Dennis O Mook-Kanamori^{21,64}, Andrew P Morris^{65,6,66}, Renée de Mutsert²¹, Matthias Nauck^{67,38}, Ivana Nedeljkovic⁴¹, Craig E Pennell²², Arund D Pradhan^{39,40}, Bruce M Psaty^{68,69}, Olli T Raitakari^{70,71,72}, Robert A Scott¹⁹, Tea Skaaby⁷³, Konstantin Strauch^{74,75}, Kent D Taylor³⁰, Alexander Teumer^{76,38}, Andre G Uitterlinden^{41,42}, Ying Wu⁵, Jie Yao³⁰, Mark Walker⁷⁷, Kari E North⁴³, Peter Kovacs⁴⁶, M. Arfan Ikram^{41,42}, Cornelia M van Duijn⁴¹, Paul M Ridker^{39,40}, Stephen Lye⁷⁸, Georg Homuth³⁷, Erik Ingelsson^{60,79,80,81}, Tim D Spector³⁵, Barbara McKnight⁸², Michael A Province³³, Terho Lehtimäki^{31,32}, Linda S Adair⁸³, Jerome I Rotter³⁰, Alexander P Reiner²⁹, James G Wilson⁸⁴, Tamara B Harris⁸⁵, Samuli Ripatti^{16,86,25}, Harald Grallert^{23,24}, James B Meigs^{87,88,89}. Veikko Salomaa⁵⁴. Torben Hansen¹⁰. Ko Willems van Diik^{90,91,92}. Nicholas J Wareham¹⁹, Struan FA Grant^{11,93,94,52,95}, Claudia Langenberg¹⁹, Timothy M Frayling¹, Cecilia M Lindgren^{16,6,96}, Karen L Mohlke⁵, Rudolph L Leibel⁴, Ruth JF Loos^{97,13&}, Tuomas O Kilpeläinen^{10,98}**.

Corresponding authors:

Dr Hanieh Yaghootkar, RILD Building, Royal Devon and Exeter NHS trust, Barrack Road, Exeter, EX2 5DW, Telephone (+44) 1392 408207, Email: h.yaghootkar@exeter.ac.uk

- 1. Genetics of Complex Traits, University of Exeter Medical School, Royal Devon & Exeter Hospital, Exeter, United Kingdom
- 2. Division of Medical Sciences, Department of Health Sciences, Luleå University of Technology, Luleå, Sweden

[&]amp; These authors contributed equally; * Corresponding authors

Diabetes Page 2 of 93

- 3. Research Centre for Optimal Health, School of Life Sciences, University of Westminster, London, United Kingdom
- 4. Division of Molecular Genetics, Department of Pediatrics, Columbia University, New York, NY, USA
- 5. Department of Genetics, University of North Carolina at Chapel Hill, Chapel Hill, NC, USA
- 6. Wellcome Trust Centre for Human Genetics, University of Oxford, Oxford, United Kingdom
- 7. Department of Biological Sciences, Faculty of Arts and Sciences, Eastern Mediterranean University, Famagusta, Cyprus
- 8. Novo Nordisk Foundation Center for Protein Research, Faculty of Health and Medical Sciences, University of Copenhagen, Copenhagen, Denmark
- 9. DTU Health Technology, Technical University of Denmark, Lyngby, Denmark
- 10. Novo Nordisk Foundation Center for Basic Metabolic Research, Faculty of Health and Medical Sciences, University of Copenhagen, Copenhagen, Denmark
- 11. Center for Applied Genomics, Division of Human Genetics, The Children's Hospital of Philadelphia, Philadelphia, PA, USA
- 12. Quantinuum Research LLC, San Diego, CA, USA
- 13. The Charles Bronfman Institute for Personalized Medicine, Icahn School of Medicine at Mount Sinai, New York, NY, USA
- 14. Department of Genetics, Harvard Medical School, Boston, MA, USA
- 15. Division of Endocrinology and Center for Basic and Translational Obesity Research, Boston Children's Hospital, Boston, MA, USA
- 16. Broad Institute of MIT and Harvard, Cambridge, MA, USA
- 17. Center for Primary Care and Public Health, University of Lausanne, Switzerland
- 18. Swiss Institute of Bioinformatics, Lausanne, Switzerland
- 19. MRC Epidemiology Unit, University of Cambridge, Cambridge, United Kingdom
- 20. Division of Epidemiology, Department of Medicine, Vanderbilt-Ingram Cancer Center, Vanderbilt Epidemiology Center, Vanderbilt University School of Medicine, Nashville, TN. USA
- 21. Department of Clinical Epidemiology, Leiden University Medical Center, Leiden, The Netherlands
- 22. Department of Biostatistics, Boston University School of Public Health, Boston, MA, USA
- 23. German Center for Diabetes Research, München-Neuherberg, Germany
- 24. Research Unit of Molecular Epidemiology, Institute of Epidemiology, Helmholtz Zentrum München Research Center for Environmental Health, München-Neuherberg, Germany
- 25. Institute for Molecular Medicine Finland, Helsinki, Finland
- 26. Laboratory of Neurogenetics, National Institute on Aging, National Institutes of Health, Bethesda, MD, USA
- 27. Data Tecnica International, Glen Echo, MD, USA
- 28. Division of Biomedical Informatics and Personalized Medicine, Department of Medicine, University of Colorado-Denver, Denver, CO, USA
- 29. Public Health Sciences Division, Fred Hutchinson Cancer Research Center, Seattle, WA, USA

Page 3 of 93 Diabetes

- 30. The Institute for Translational Genomics and Population Sciences, Department of Pediatrics, LABioMed at Harbor-UCLA Medical Center, Torrance, CA, USA
- 31. Department of Clinical Chemistry, Fimlab Laboratories, Tampere, Finland
- 32. Department of Clinical Chemistry, Finnish Cardiovascular Research Center Tampere, Faculty of Medicine and Health Technology, Tampere University, Tampere, Finland
- 33. Division of Statistical Genomics, Department of Genetics, Washington University School of Medicine, St. Louis, MO, USA
- 34. Cardiovascular Health Research Unit, Department of Medicine, University of Washington, Seattle, WA, USA
- 35. Department of Twin Research and Genetic Epidemiology, Kings College London, London, United Kingdom
- 36. Oxford Centre for Diabetes, Endocrinology and Metabolism, Radcliffe Department of Medicine, University of Oxford, Oxford, United Kingdom
- 37. Department of Functional Genomics, Interfaculty Institute for Genetics and Functional Genomics, University Medicine Greifswald, Greifswald, Germany
- 38. DZHK (German Center for Cardiovascular Research), partner site Greifswald, Greifswald, Germany
- 39. Division of Preventive Medicine, Brigham and Women's Hospital, Boston, MA, USA
- 40. Harvard Medical School, Boston, MA, USA
- 41. Department of Epidemiology, Erasmus MC, University Medical Center Rotterdam, The Netherlands
- 42. Department of Internal Medicine, Erasmus MC, University Medical Center Rotterdam, The Netherlands
- 43. Department of Epidemiology, Gillings School of Global Public Health, University of North Carolina at Chapel Hill, Chapel Hill, NC, USA
- 44. Department of Family Medicine and Public Health, University of California, San Diego, CA, USA
- 45. Joseph J. Zilber School of Public Health, University of Wisconsin-Milwaukee, Milwaukee, WI, USA
- 46. Medical Department III Endocrinology, Nephrology, Rheumatology, University of Leipzig Medical Center, Leipzig, Germany
- 47. Office of Population Studies Foundation, Inc, Cebu City, Philippines
- 48. Department of Nutrition and Dietetics, University of San Carlos, Cebu City, Philippines
- 49. Department of Pathology and Cell Biology, Columbia University, New York, NY, USA
- 50. National Heart, Lung, and Blood Institute, Bethesda, MD, USA
- 51. Carolina Center for Genome Sciences, Chapel Hill, NC, USA
- 52. Department of Pediatrics, Perelman School of Medicine, University of Pennsylvania, Philadelphia, PA, USA
- 53. Division of Endocrinology, Diabetes, and Metabolism, Ohio State University, Columbus, OH, USA
- 54. Department of Public Health Solutions, National Institute for Health and Welfare, Helsinki, Finland
- 55. Center for Biomedical and Translational Informatics, Geisinger, Danville, PA, USA
- 56. Department of Clinical Physiology, Tampere University Hospital, Tampere, Finland

Diabetes Page 4 of 93

- 57. Department of Clinical Physiology, Finnish Cardiovascular Research Center Tampere, Faculty of Medicine and Health Technology, Tampere University, Tampere, Finland
- 58. Cardiology Section, San Francisco Veterans Affairs Health Care System, University of California San Francisco, San Francisco, CA, USA
- 59. Departments of Medicine and Epidemiology and Biostatistics, University of California San Francisco, San Francisco, CA, USA
- 60. Department of Medicine, Division of Cardiovascular Medicine, Stanford University, Palo Alto, CA, USA
- 61. Department of Medical Sciences, Uppsala University, Uppsala, Sweden
- 62. Centre for Ophthalmology and Visual Science, Lions Eye Institute, The University of Western Australia, Perth, West Australia, Australia
- 63. NIHR Biomedical Research Centre at Guy's and St Thomas' Foundation Trust, London, United Kingdom
- 64. Department of Public Health and Primary Care, Leiden University Medical Center, Leiden, The Netherlands
- 65. Department of Biostatistics, University of Liverpool, Liverpool, United Kingdom
- 66. Division of Musculoskeletal and Dermatological Sciences, University of Manchester, Manchester, United Kingdom
- 67. Institute of Clinical Chemistry and Laboratory Medicine, University Medicine Greifswald, Germany
- 68. Cardiovascular Health Research Unit, Departments of Epidemiology, Medicine and Health Services, University of Washington, Seattle, WA, USA
- 69. Kaiser Permanente Washington Health Research Institute, Seattle, WA, USA
- 70. Centre for Population Health Research, University of Turku and Turku University Hospital, Turku, Finland
- 71. Department of Clinical Physiology and Nuclear Medicine, Turku University Hospital, Turku, Finland
- 72. Research Centre of Applied and Preventive Cardiovascular Medicine, Turku University Hospital, Turku, Finland
- 73. Center for Clinical Research and Disease Prevention, Bispebjerg and Frederiksberg Hospital, The Capital Region, Copenhagen, Denmark
- 74. Institute of Genetic Epidemiology, Helmholtz Zentrum München German Research Center for Environmental Health, Neuherberg, Germany
- 75. Chair of Genetic Epidemiology, IBE, Faculty of Medicine, LMU Munich, München, Germany
- 76. Institute for Community Medicine, University Medicine Greifswald, Greifswald, Germany
- 77. Institute of Cellular Medicine, The Medical School, Newcastle University, Newcastle, United Kingdom
- 78. Lunenfeld-Tanenbaum Research Institute, Mount Sinai Hospital, Toronto, Ontario, Canada
- 79. Stanford Cardiovascular Institute, Stanford University of Medicine, Palo Alto, CA, USA
- 80. Stanford Diabetes Research Center, Stanford University, Stanford, CA, USA

Page 5 of 93

- 81. Department of Medical Sciences, Molecular Epidemiology and Science for Life Laboratory, Uppsala University, Uppsala, Sweden
- 82. Department of Biostatistics, University of Washington, Seattle, WA, USA
- 83. Carolina Population Center, University of North Carolina at Chapel Hill, Chapel Hill, NC, USA
- 84. Department of Physiology and Biophysics, University of Mississippi Medical Center, Jackson, MS, USA
- 85. Laboratory of Epidemiology and Population Sciences, National Institute on Aging, National Institutes of Health, Bethesda, MD, USA
- 86. Public Health, University of Helsinki, Helsinki, Finland
- 87. Division of General Internal Medicine, Massachusetts General Hospital, Boston, MA, USA
- 88. Department of Medicine, Harvard Medical School, Boston, MA, USA
- 89. Program in Population and Medical Genetics, Broad Institute, Cambridge, MA, USA
- 90. Department of Internal Medicine, Division of Endocrinology, Leiden University Medical Center, Leiden, The Netherlands
- 91. Einthoven Laboratory for Experimental Vascular Medicine, Leiden, The Netherlands
- 92. Department of Human Genetics, Leiden University Medical Center, Leiden, The Netherlands
- 93. Center for Spatial and Functional Genomics, Division of Human Genetics, The Children's Hospital of Philadelphia, Philadelphia, PA, USA
- 94. Division of Endocrinology and Diabetes, The Children's Hospital of Philadelphia, Philadelphia, PA, USA
- 95. Institute of Diabetes, Obesity and Metabolism, Perelman School of Medicine, University of Pennsylvania, Philadelphia, PA, USA
- 96. Big Data Institute, Nuffield Department of Medicine, University of Oxford, Oxford, United Kingdom
- 97. The Mindich Child Health and Development Institute, Icahn School of Medicine at Mount Sinai, New York, NY, USA
- 98. Department of Environmental Medicine and Public Health, Icahn School of Medicine at Mount Sinai, New York, NY, USA

Word count: 5282

Number of tables and figures: 4

Diabetes Page 6 of 93

Abstract

Leptin influences food intake by informing the brain about the status of body fat stores. Rare *LEP* mutations associated with congenital leptin deficiency cause severe early-onset obesity that can be mitigated by administering leptin. However, the role of genetic regulation of leptin in polygenic obesity remains poorly understood. We performed an exome-based analysis in up to 57,232 individuals of diverse ancestries to identify genetic variants that influence adiposity-adjusted leptin concentrations. We identify five novel variants, including four missense variants, in *LEP*, *ZNF800*, *KLHL31*, and *ACTL9*, and one intergenic variant near *KLF14*. The missense variant Val94Met (rs17151919) in *LEP* was common in individuals of African ancestry only and its association with lower leptin concentrations was specific to this ancestry (P=2x10⁻¹⁶, n=3,901). Using *in vitro* analyses, we show that the Met94 allele decreases leptin secretion. We also show that the Met94 allele is associated with higher BMI in young African-ancestry children but not in adults, suggesting leptin regulates early adiposity.

Page 7 of 93 Diabetes

Introduction

Leptin is an adipocyte-derived hormone that helps maintain homeostatic control of fat tissue mass by signaling the status of body energy stores to the appetite-regulating circuits of the brain [1]. Rare homozygous mutations in the leptin (*LEP*) gene can cause complete leptin deficiency that results in hyperphagia and severe early-onset obesity, which can be treated effectively by exogenous leptin administration [2, 3]. Mice and patients heterozygous for these mutations show partial leptin deficiency and increased body weight [4-6].

In the general population, leptin concentrations correlate closely with body fat mass. However, there is wide inter-individual variability; about 10-20% of obese individuals have leptin concentrations that are similar to those observed in non-obese individuals, which is in part due to genetic differences [7, 8]. Twin and family studies suggest that 30-50% of variation in leptin at any given level of adiposity and across different ethnic groups is explained by genetic differences [8]. The implications of this variability for body weight regulation remain poorly understood.

Identification of genetic variants associated with circulating leptin may shed new light on the role of variability in leptin levels in the general population. In a recent genome-wide association study (GWAS) of leptin concentrations, we identified four loci associated with leptin concentrations independent of body mass index (BMI) [9]. The variant most strongly associated with leptin concentrations was rs10487505, located 21 kb upstream from *LEP*, in a region shown to harbor a long non-coding RNA (EST EL947753) that influences the transcriptional control of leptin expression [10]. The leptin-decreasing allele of

rs10487505 was nominally associated with ~0.03 kg/m² higher BMI in adults and 1.05-fold increased risk of early-onset obesity [9]. More recently, the association of the leptin-decreasing allele of rs10487505 with higher adult BMI, body fat percentage, and risk of extreme obesity was replicated in the UK Biobank [10]. The most pronounced association, however, was observed for body size at 10 years of age; carriers of the leptin-decreasing allele reported being "plumper" at age 10 compared to peers" more frequently than carriers of the allele associated with higher leptin concentration. The association between rs10487505 and childhood body size was recently replicated in 14,521 Norwegian children, and the peak effect of rs10487505 on BMI was observed in 1.5-year-old children [11].

In the present study, we sought to elucidate the genetic basis of leptin concentrations through screening genetic variants with an exome-targeted array in up to 57,232 individuals of European, African, East Asian or Hispanic ancestry. We confirm five previously established and identify five novel variants associated with leptin concentrations, including four missense variants in *LEP*, *ZNF800*, *KLHL31*, and *ACTL9*, and one intergenic variant near *KLF14*. The novel *LEP* variant, Val94Met (rs17151919), is associated with leptin concentrations in adults of African ancestry only. The leptin-lowering Met94 allele of the rs17151919 variant is associated with higher BMI in young children, but shows a weak or no association with BMI in adulthood, suggesting leptin regulates early adiposity.

Research Design and Methods

Study design

Page 9 of 93 Diabetes

We performed an exome-based association study using data from 35 cohorts comprising up to 57,232 adults (≥18 years) of whom 50,321 were of European descent, 4,387 of African descent, 2,036 of East Asian descent, and 488 of Hispanic descent. We carried out additional analyses in men and women separately. All analyses were performed in models combining studies of all ancestries and in European ancestry cohorts only, for both additive and recessive genetic models. All participating institutions and coordinating centers approved the project. Informed consent was obtained from all study participants. We have reported the study-specific design, sample quality control, and descriptive statistics in **Tables S1-S2**.

Outcome traits

The participating studies acquired residuals for leptin concentrations (in ng/mL) using linear regression, adjusting for age, genome-wide principal components, and any study-specific covariates (e.g. study center). The residuals were calculated with and without adjustment for BMI. Studies with unrelated individuals acquired the residuals in men and women separately, whereas family-based studies additionally acquired sex-combined residuals adjusting for sex as a covariate. Case-control studies acquired the residuals in cases and controls separately. Finally, we rank-transformed the residuals using inverse normal transformation to follow a distribution with a mean of 0 and a standard deviation of 1.

Genotyping

All participating studies performed genotyping using the Illumina HumanExome BeadChip. The genotype calling was performed using the designated manufacturer's software, followed by zCall. Study-specific quality control measures were implemented before the association analyses to remove poorly genotyped variants (**Table S3**).

Study-level association analyses

Associations of the exome-wide variants with the residuals of leptin concentrations were examined using linear mixed models implemented in either RAREMETALWORKER [12] or RVTEST [13] (**Table S3**). The model accounted for potential cryptic relatedness by incorporating a kinship matrix. We performed the single variant association analyses using both additive and recessive genotypic models. We also calculated covariance matrices capturing LD relationships between markers within 1 Mb for use in gene-level meta-analyses.

Quality control of study-level association results

We applied the EasyQC package in R to association summary statistics from each participating study to identify cohort-specific QC issues. This included (i) identifying issues with calculation of leptin residuals and transformation of the residuals, (ii) identifying strand issues by comparing allele frequencies against reference alleles from the 1000 Genomes Project phase 1, and (iii) identifying issues arising from population stratification.

Single variant meta-analyses

Page 11 of 93 Diabetes

The meta-analyses of summary statistics from the participating studies were carried out using RAREMETAL [14] by two different analysts in parallel. We excluded all variants with a call rate <98%, Hardy Weinberg equilibrium P-value <1x10⁻⁶, or an allele frequency that strongly deviated from the 1000 Genomes reference frequency (>0.60 for all-ancestry analyses and >0.30 for ancestry-specific analyses). To identify the leptin-associated variants, we used the array-wide Bonferroni-corrected threshold of P<2x10⁻⁷ for ~250,000 variants in the single variant analyses.

Gene-based meta-analyses

We performed gene-based analyses using the sequence kernel association test [15] (SKAT) and variable threshold [16] (VT) methods in RAREMETAL. The analyses were performed with two different sets of criteria (broad and strict) to select predicted damaging rare and low-frequency variants with MAF<5% annotated using five prediction algorithms: PolyPhen-2, HumDiv, HumVar, LRT, MutationTaster, and SIFT. The broad gene-based tests included nonsense, stop-loss, splice-site, and missense variants that were annotated as damaging by at least one of the five algorithms whereas the strict tests only included variants predicted as damaging by all of the five algorithms. The statistical significance for the gene-based tests was set at a Bonferroni-corrected threshold of $P<2.5 \times 10^{-6}$ for 20,000 genes.

Age-stratified BMI analyses of variants in and near LEP

To study the influence of age on the association of the Val94Met variant in *LEP* and the rs10487505 variant near *LEP* with childhood BMI, we performed age-stratified analyses

in children with African and European ancestry from the Center for Applied Genomics at Children's Hospital of Philadelphia (CHOP) cohort recruited from 2006 to present [17]. The participants had multiple BMI measurements at different ages and analyses were performed with measurements in 1-year age bins. The number of BMI measurements in each age bin is shown in **Tables S9** and **S10**. Statistical significance was defined as P<0.05. The Val94Met and rs10487505 variants were genotyped using the Illumina Infinium II HumanHap550 and Human610 BeadChip and imputed to the HRC r1.1 reference panel using the Sanger Imputation Server. All participants were biologically unrelated, aged between 2 and 18 years, and between -3 and +3 standard deviations of CDC-corrected BMI. The study was approved by the Institutional Review Board of the Children's Hospital of Philadelphia. Parental informed consent was given for each study participants.

Additionally, we used information on comparative body size at age 10 (data field 1687) for 452,264 individuals of European ancestry and 8,154 individuals of African ancestry from the UK Biobank. The participants were asked to choose one of the three categories of "about average", "thinner", or "plumper" to describe their body size compared to average when they were 10 years old.

Pathway enrichment analyses

We utilized the EC-DEPICT [18, 19] gene set enrichment analysis method to evaluate nonsynonymous index variants (strongest nonsynonymous variant within ± 1 Mb boundary) with $P < 5 \times 10^{-4}$ for association with either i) leptin unadjusted for BMI, or ii) leptin adjusted for BMI. EC-DEPICT's primary innovation is the use of "reconstituted" gene sets,

Page 13 of 93 Diabetes

which consist of gene sets downloaded from several databases that have been extended based on publicly available large-scale co-expression data [18]. Two analyses were performed: (i) all coding variants (N=93 loci for leptin unadjusted for BMI and N=91 loci for leptin adjusted for BMI) and (ii) coding variants with MAF<5% only (N=77 loci for leptin unadjusted for BMI and N=65 loci for leptin adjusted for BMI).

We also utilized PASCAL [20] to study the enrichment of exome-wide association results in gene sets and pathways using two estimation approaches: MAX and SUM. The MAX estimation is more powerful for single variant-driven associations whereas the SUM estimation is more powerful when multiple variants are driving the signal [20]. We used reconstituted gene sets from DEPICT and the reference data from UK10K [TwinsUK [21] and ALSPAC [22]] to estimate LD. The PASCAL analyses were performed for all exomechip variants (N_{all}=265,780 for leptin adjusted for BMI, N_{all}=265,780 for leptin unadjusted). and for coding variants only (N_{coding}=176,035 for leptin adjusted for BMI, N_{coding}=180,864 for leptin unadjusted). No allele frequency or *P*-value thresholds were used to select variants for the PASCAL analyses. The pathway scoring method used by PASCAL combines individual gene scores without the need for a tuneable threshold parameter to determine inclusion of genes in the enrichment analysis [20].

Leptin adjusted for BMI is correlated with body fat free mass (correlation with fat-free mass index in the Fenland cohort = -0.39). The initial pathway analyses for leptin adjusted for BMI using EC-DEPICT and PASCAL suggested enrichment of skeletal-muscle related pathways. To make sure that the gene set enrichment results were not due to correlation between leptin adjusted for BMI and fat-free mass index, we corrected the effect sizes

using the following equation [23]: Beta_{corrected} = beta_{leptin} – (beta_{FFMI} x $r_{FFMIvs.LEPTIN}$), where $r_{FFMIvs.LEPTIN}$ = -0.39 (Pearson correlation coefficient in the Fenland Study). The beta_{FFMI}-coefficients were extracted from an ongoing exome-wide association study of fat-free mass index in ~500,000 individuals.

Collider bias

Given that we adjusted leptin concentrations for BMI in our exome-based analyses and leptin and BMI are strongly correlated (r~0.5-0.8) [9], we tested all exome-based significant loci for evidence of collider bias [23-25]. For each index we extracted the association results from our BMI-unadjusted leptin analyses and from the largest published exome-wide analysis for BMI [19]. We corrected BMI-adjusted associations for potential bias due to phenotypic correlation between leptin concentrations and BMI, and compared the strength and significance of association with leptin concentrations unadjusted for BMI, leptin adjusted for BMI, and association with BMI (**Table S6**).

eQTL colocalization analyses

The *cis*-expression quantitative trait locus (*cis*-eQTL) analyses were carried out by using abdominal subcutaneous adipose tissue from 770 participants of the METSIM (Metabolic Syndrome in Men) study who all were Finnish men from Kuopio, Finland [26]. The eQTL mapping in 770 METSIM individuals was performed by EPACTS implementing a linear mixed model to account for the population structure among the samples. The eQTLs were defined as *cis* (local) if the peak association was within 1 Mb on either side of the exon boundaries of the gene. We also identified variants most strongly associated with

Page 15 of 93 Diabetes

genes/transcripts from the index variant ("eSNP"). We used METSIM LD (based on n=770, HRC imputation) to assess LD r^2 between the index variant and the lead eSNP. If the pairwise LD was $r^2>0.80$, we performed a reciprocal conditional analysis. We tested association between the lead SNP and transcript level when the lead eSNP was included in the model, and *vice versa*.

Expression of the potential causal genes in preadipocytes and mature adipocytes

We compared the expression of the candidate causal genes in the novel leptin-associated loci, including *ZNF800*, *KLF14*, *KLHL31*, *ACTL9*, *CNTD1* and *DNAJC18* in preadipocytes and mature adipocytes, two major constituent cell types of adipose tissue. Human preadipocytes isolated from adipose tissue were induced to undergo adipocyte differentiation *in vitro* [27]. RNA samples were obtained from preadipocytes and lipid-laden mature adipocytes at post-differentiation day 12.

Impact of Val94Met variant in *LEP* on leptin protein stability

We used UCSF Chimera 1.13.1 to model the 3D protein structure and valine-to-methionine substitution in the leptin protein [28]. The Rotamers tool and the Dunbrack Rotamer Libary were used to view and evaluate amino acid sidechain rotamers. The displayed orientation of methionine was chosen based on the clashes and contacts observed in the protein and hydrogen bonds [29]. To predict protein stability, we used SDM [30], iStable [31], Cupsat [32] and iMutant 2.0 [33]. All analyses applied the 3D structure for leptin (ID 1AX8) from the RSCCP Protein Data Bank as the reference data set.

Diabetes Page 16 of 93

Effect of the Val94Met variant in *LEP* on leptin protein stability and secretion rate

We tested the effect of the Val94Met variant on leptin protein stability and secretion rate in HEK293 cells in vitro. Human leptin cDNA clone was obtained from Open Biosystems Inc (Huntsville, AL) and subcloned into pcDNA3.1 vector. The original cDNA clone encodes the Val94 variant. The 94Met variant was created using Quikchange II sitedirected Mutagenesis kit (Agilent, Santa Clara, CA), with the Val94 plasmid as template and the following mutagenesis primers (forward: 5'-atgccttccagaaacatgatccaaa tatccaac-3', reverse: 5'-qttqqatatttqqatcatqtttctqqaaqqcat-3'). Plasmids carrying Val94 or 94Met cDNA (0.05 µg) were introduced into HEK293 cells (0.65 million cells/well in 12-well plate) using Lipofectamine 2000 as previously described [34]. To measure intracellular leptin protein turnover and secretion rates, cells were treated with protein synthesis inhibitor cycloheximide (CHX, 20 µg/ml) in fresh media for 0.5 and 1 hr at 72 hr post-transfection. Cells incubated with fresh media for 1 hr without CHX were used as untreated controls. Conditioned media were saved for leptin assay, and cell lysate were prepared using NP-40 lysis buffer (50 mM Tris-HCl, pH 8.0, 150 mM NaCl, 1 mM DTT, 1 mM EDTA, 0.5% NP-40, 10% glycerol, and 1x Roche protein inhibitor mixture). Leptin concentrations in cell lysates and the amount of leptin in conditioned media were determined using a human leptin ELISA kit (R&D Systems, Minneapolis, MN). Little or no cell debris was observed in the conditioned media after centrifugation, suggesting little or no cell breakage during the incubation. The experiments were carried in duplicates or triplicates and repeated four times.

Page 17 of 93 Diabetes

Results

Five novel genetic variants show association with leptin concentrations independent of adiposity

To identify genetic variants associated with leptin concentrations, we tested the associations of 246,328 single nucleotide variants (SNVs), genotyped on an exometargeted genotyping array, with leptin concentrations in up to 57,232 individuals of European (n=50,321), African (n=4,387), East Asian (n=2,036) or Hispanic ancestry (n=488) from 35 studies (**Tables S1-S3**). The exome-array provides a detailed coverage of gene-coding regions and includes tags for variants identified in previously published GWASs for human complex traits. Given the strong correlation between leptin and BMI ($r\sim0.5-0.8$) [9], we examined associations with leptin concentrations with and without adjustment for BMI. Additional analyses were performed in men (n=23,862) and women (n=32,940) separately. All the analyses were performed in all ancestries combined and in European-ancestry individuals only.

We confirmed five previously established [9] and identified five novel variants associated with leptin concentrations. The novel associations include four missense variants, in *LEP*, *ZNF800*, *KLHL31*, and *ACTL9*, and one intergenic variant near *KLF14* (**Table 1, Table S4**). The associations at already established loci include intergenic variants near *LEP* and *CCNL1*, a missense variant in *GCKR*, and intronic variants in *COBLL1* and *FTO* (**Table 1, Table S4**). To detect additional independent signals at the 10 leptin-associated loci, we performed conditional analyses, but no further signals were identified.

Diabetes Page 18 of 93

The association between rs1121980 near FTO and leptin concentrations became non-significant after adjustment for BMI (P_{unadj} =8x10⁻¹⁷; P_{adjBMI} =0.45). The effects of all other known and novel loci were independent of BMI (**Table S5**). We tested whether the adjustment for BMI, a strongly correlated covariate [23], may have introduced collider bias, but found no evidence of such bias (**Table S6**).

The strongest variant associated with leptin concentrations was rs791600, an intergenic variant near the *LEP* gene. The rs791600 variant is in linkage disequilibrium (LD) (EUR r²=0.70) with the rs10487505 variant identified in our previously published GWAS [9], which is not included in the exome array and was therefore not available for analyses in the present study. In the prior GWAS study, the rs10487505 variant showed a more significant association with BMI-adjusted leptin concentrations (beta=0.034 per allele, P=2.7x10⁻¹¹, n=29,252) than rs791600 (beta=0.029 per allele, P=3.0x10⁻⁹, n=31,800) and thus is still considered the lead variant at this locus (**Figure S1**).

Nine of the 10 identified loci showed an association with leptin concentrations in all ancestries combined and in European ancestry only analyses. However, the novel *LEP* variant Val94Met (rs17151919) only showed a significant association in all ancestries combined (P=2x10⁻¹⁶) and not in European-ancestry individuals alone (P=0.47, **Table S7**). In further ancestry-stratified analyses, we observed that the Met94-coding allele is common in populations of African ancestry (MAF=8%), less common in those with Hispanic ancestry (MAF=2%), very rare in those with European ancestry (MAF=0.02%) and monomorphic in people with East Asian ancestry [35]. In individuals of African descent, each Met94-coding allele was associated with 0.34 standard deviations (SD)

Page 19 of 93 Diabetes

lower leptin concentrations (P=2x10⁻¹⁶, n=3,901) (**Figure S2**). The direction of effect was consistent in individuals with Hispanic (-0.21 SD effect per allele, P=0.29, n=488) and European ancestry (-0.19 SD effect per allele, P=0.47, n=44,401), but did not reach statistical significance, most likely because very few carriers were available (NHIS=24, NEUR=15) (**Table S7**).

Gene-based analysis identifies two novel genes with sex-specific effect on leptin

In addition to single variant-based association tests, we performed gene-based tests using rare and low-frequency coding variants in aggregate [15, 16] (**Methods**). We identified two genes associated with leptin concentrations. CNTD1 showed association with leptin concentrations unadjusted for BMI in men ($P=1\times10^{-7}$) but not in women (P=0.27) (**Table 2, Table S8**). The association in men was driven by five coding variants and was strongly attenuated by adjusting for BMI (P=0.007), suggesting that the association of CNTD1 with leptin concentrations may be due to a link between CNTD1 and adiposity, although no such connection has been previously reported. The CNTD1 gene encodes cyclin N-terminal domain-containing 1, which is critical for meiotic crossover maturation and deselection of excess pre-crossover sites.

Another gene, DNAJC18, showed association with BMI-adjusted leptin concentrations in women ($P=6\times10^{-8}$), but not men (P=0.02). The association in women was driven by two coding variants (**Table 2, Table S8**). DNAJC18 is part of the Dnaj heat shock protein family. However, no function has yet been described to C18 subfamily.

LEP Val94Met regulates leptin secretion and early adiposity

Diabetes Page 20 of 93

The Val94Met (rs17151919) LEP variant was associated with BMI-adjusted leptin concentrations in individuals of African ancestry. A previous study in 2,129 African Americans in the CARDIA study (not included in the present meta-analyses) reported a significant association between the leptin-decreasing Met94 allele of the Var94Met (rs17151919) variant in *LEP* and up to 1.12 kg/m² higher BMI in adulthood (P=0.018) [36]. However, results from two larger studies of BMI by the African Ancestry Anthropometry Genetics Consortium (n=42,752; P=0.88) [37] and the African ancestry population of the UK Biobank study (N=7,820, P=0.17), did not replicate the association. Nevertheless, among the African ancestry population in the UK Biobank, carriers of the leptindecreasing Met94 allele reported more often that, at age 10, they were "plumper" (compared to peers) (OR=1.11, P=0.04), suggesting that the effect of this variant may be age-dependent. To study the influence of age, we performed age-stratified analyses in up to 2,726 children with African-ancestry from the Center for Applied Genomics at Children's Hospital of Philadelphia (CHOP) cohort [17]. Comparing the effect sizes across different age points revealed that each leptin-decreasing Met94 allele was associated with 0.12-0.20 units higher BMI z-score between the ages 3 and 7 (P<0.05). The most pronounced effect was reached at age 6 years (Figure 1, Table S9), and no association with BMI was observed after age 8 years (betas -0.04 to 0.05) (Figure 1, Table S9), suggesting that the BMI-increasing effect of the Met94 allele wanes shortly before puberty. The rs10487575 variant near *LEP* showed a similar trajectory of association with childhood BMI as the Val94Met variant but the effect sizes were much more modest (**Figure 1, Table S10**), consistent with the five-fold smaller effect of rs10487505 on leptin concentrations compared to Val94Met in adults (**Table 1**).

Page 21 of 93 Diabetes

The Val94Met variant is located at position 94 in the 167 amino acid leptin precursor protein and results in a valine to methionine change at position 73 of the mature protein (**Figure 2A**). Position 73 is situated at the leptin protein surface and is not believed to be involved in binding of leptin to its receptor. Nevertheless, structural prediction tools [30-33] suggested that the substitution of valine with methionine at this position is likely to lead to reduced stability of the mature leptin protein (**Figure 2A**, **Figures S3-4**, **Table S11**). This is consistent with our observation that the methionine-coding allele is associated with lower leptin concentrations.

To study the impact of the Val94Met variant on the intracellular turnover of the leptin protein and its secretion rate, we performed *in vitro* experiments in HEK293 cells. Leptin secretion rate – calculated as the amount of leptin secreted in 1 hour normalized to the respective cellular leptin content – was 20.4% lower in Met94 than in Val94 cells (*P*=0.0007 by repeated measures 1-way ANOVA) 72 hours post-transfection (**Figure 2B**). Leptin secretion rates between 48-72 hours post-transfection and during a 1-hour treatment with cycloheximide were 11.8% (*P*=0.0005) and 17.9% (*P*=0.0002) lower, respectively, in Met94 compared to Val94 (**Figure S5**). Notably, no difference was found in the intracellular turnover rate of leptin between Val94 and Met94 cells during a 0.5 or 1-hour incubation with cycloheximide to impair protein synthesis (**Figure 2C**). The unchanged turnover rate incorporates protein secretion and degradation, suggesting that decreased leptin secretion rate was likely associated with increased intracellular leptin degradation in Met94 cells. Overall, these *in vitro* experiments suggest that methionine substitution in position 73 of the mature leptin protein decreases the rate of leptin

Diabetes Page 22 of 93

secretion from the cells, which may contribute to the association of the Met94 allele with lower leptin concentrations.

ZNF800 locus regulates adipose gene expression and body composition

The Pro103Ser (rs62621812) variant in *ZNF800* changes the amino acid sequence of CH2 zinc finger protein, a putative transcription factor [38]. We found that the Ser103 allele (frequency=2.8%) is associated with lower BMI-adjusted leptin concentrations ($P=2.0\times10^{-12}$). As shown before [26], Pro103Ser is the lead variant associated with expression of *ZNF800* in subcutaneous adipose tissue in the Finnish METSIM Study ($P=2.4\times10^{-16}$); the Ser103 allele is associated with higher *ZNF800* expression levels (**Table S12**). *ZNF800* is a master regulator in subcutaneous adipose tissue, as the Pro103Ser variant has also been associated with adipose tissue expression of nine other genes [26]. In the eQTL data, the leptin-decreasing Ser103 allele was not significantly associated with the expression of LEP (P=0.20), located 866 kb downstream, and the observed direction of the effect on LEP expression was opposite to that observed for leptin concentrations (beta=0.14 SD/allele vs. beta= -0.13 SD/allele, respectively), suggesting that the leptin-lowering effect of the Ser103 allele on leptin concentrations is unlikely to be mediated by direct transcriptional regulation of LEP.

In the UK Biobank study, we found that each leptin-decreasing Ser103 allele is associated with 0.14 kg/m² higher BMI (P=8.1x10⁻⁶). However, there was no association between Ser103 allele and body fat percentage (-0.045% per allele, P=0.25), indicating that the variant impacts BMI primarily by increasing fat free body mass. Indeed, the leptin-decreasing Ser103 allele was associated with a 0.33 kg higher fat free mass (P=4.6x10⁻¹

Page 23 of 93 Diabetes

²⁰) and only 0.13 kg higher fat mass (P=0.023). The Ser103 allele is associated with higher expression of the ZNF800 gene in the tibial nerve (GTEx v8, P=1.4x10⁻⁶, n=532) that innervates the muscles of the leg, and has been previously identified for association with increased appendicular lean mass [39]. There was no association between the Ser103 allele and self-reported body size at age 10 (P=0.75).

The KLF14 locus regulates adipogenesis and fat distribution

The rs972283 variant (MAF_{EUR}=48%), associated with leptin concentrations, is located 51 kb upstream from KLF14 and 2.5 Mb downstream from LEP, and is in near-perfect LD with previously reported GWAS variants for type 2 diabetes [40], insulin-resistance [41], HDL cholesterol [42], and body fat distribution [43]. As reported earlier [26], rs972283 is associated with KLF14 expression in subcutaneous adipose tissue (Table S12). As KLF14 is a master regulator in adipose tissue, rs972283 is also associated with the expression of multiple other genes in trans [44]. No significant association was observed between rs972283 and LEP expression in the METSIM eQTL study [44], suggesting that KLF14 may not regulate leptin production at the transcriptional level, at least not in men. Lower expression of KLF14 has been implicated in impaired adipogenesis due to defective adipocyte glucose uptake in women, characterized by the presence of fewer but larger adipocytes and a shift in fat distribution from gynoid stores to abdominal tissues [44]. However, while the effects of KLF14 on adipogenesis and adipose redistribution have been found to be specific to women, there was no difference in the association of rs972283 with leptin levels between men and women (Table S4).

Interestingly, the carriers of the rs972283-G allele reported more frequently being plumper (P=2.8x10⁻⁵) and shorter (P=0.014) than average at age 10 in the UK Biobank than non-carriers, whereas the same allele was associated with a lower BMI (P=6.8x10⁻⁹) and increased height (P=0.010) in adults, suggesting that the effect of the rs972283 variant on body size may change during life course. In previous GWAS of adults, the rs972283-G allele has been identified to be associated with higher risk of type 2 diabetes [40] and insulin resistance [41], and lower hip circumference (adjusted for BMI) [43] and HDL cholesterol [42]. In the UK Biobank study, the rs972283-G allele was associated with lower body fat percentage in adults (P=5.9x10⁻²²).

The KLHL31 locus is implicated in adipogenesis in adult females

The Val156Ile (rs3799260) variant (MAF_{EUR}=18%) in *KLHL31*, associated with leptin concentrations in female-only analyses, changes the amino acid sequence of the kelch-like family member 31 protein. *KLHL31* suppresses Wnt-β-catenin signaling that is involved in promoting adipocyte differentiation and suppressing oxidative metabolism in adipocytes. The Val156Ile variant is predicted to be benign/tolerated by SIFT/Polyphen [45, 46]. Previous genetic associations have identified a variant in low LD (rs7739232; EUR r²=0.27) to be associated with BMI-adjusted hip circumference, also specific to women [43]. The rs7739232 variant was not included in the exome-array and was thus not analyzed in the present study. Our *in vitro* experiments showed that *KLHL31* is only expressed in mature adipocytes, but not in preadipocytes (**Figure S6**), suggesting that the gene is developmentally regulated.

Page 25 of 93 Diabetes

In the UK Biobank, similar to the variants in and near *LEP*, the carriers of the leptin-decreasing Ile156 allele reported more often being plumper than average at age 10 (P=5.6x10⁻⁶), but there was a weaker association with higher BMI (P=0.045) in adulthood.

In men, the ACTL9 locus may regulate leptin concentrations in a cell nonautonomous fashion

Homozygosity for the minor allele of the Ser37Phe (rs2340550) variant in *ACTL9* was associated with leptin concentrations in men only in a recessive genetic model. While the Ser37Phe variant is predicted to be benign/tolerated by SIFT/Polyphen, another missense variant, Ala51Val (rs10410943), in high LD (EUR r²=0.99) is predicted to be deleterious/probably damaging and could be the causal variant at the locus. The Ser37Phe variant is also in high LD (r²>0.8) with several nearby non-coding variants (**Figure S7**). However, none of these overlaps with regulatory elements in adipocytes. The expression of *ACTL9* is restricted to the testis and it is therefore likely to act in an adipocyte non-autonomous fashion to influence leptin concentrations. Actin proteins have cytoskeletal functions and have also been implicated in signaling and nuclear activities.

Gene-set analyses implicate adipocyte-related pathways

We performed gene-set enrichment analyses using EC-DEPICT [18, 19, 47] and PASCAL [20] to identify biological processes and candidate pathways enriched for loci associated with leptin unadjusted or adjusted for BMI. Among coding variants associated with BMI-unadjusted leptin concentrations, PASCAL identified significant enrichment of the geneset for "positive regulation of reproductive success" ($P_{\text{empirical}}$ =1.6x10-5) (**Table S13**),

Diabetes Page 26 of 93

consistent with the crucial permissive role of leptin in the integrity of the gonadal axis [48]. Among coding variants associated with leptin adjusted for BMI, we found enrichment of the immune-related TRIM39 protein-protein interaction subnetwork [49, 50] $(P_{\text{empirical}}=8.4\times10^{-6})$ (Table S14). No gene sets were found to be significantly enriched in PASCAL analyses where all exome-wide variants (coding and non-coding) for leptin adjusted for BMI were included, nor in the EC-DEPICT analyses.

Page 27 of 93 Diabetes

Discussion

We identified 10 genetic variants associated with leptin concentrations and two gene-based associations using an exome-based genotyping array in up to 57,232 individuals with varying ancestries. The two independent variants most strongly associated with leptin concentrations were located in and near the *LEP* gene. The African ancestry-driven variant within *LEP*, Val94Met (rs17151919), was found to decrease leptin secretion in HEK293 cells whereas rs10487505 located near *LEP* overlaps a lncRNA that regulates *LEP* expression [10]. Both variants showed significant association with increased adiposity in children, whereas only a nominal or no association was observed in adults.

Previous analyses have shown that the leptin-lowering allele of rs10487505 is only weakly associated with higher BMI in adulthood but shows a pronounced association with BMI in early childhood [10, 11]. Similarly, we showed that the *LEP* Met94 allele, associated with lower leptin concentration, is associated with early childhood BMI. Our results suggest that leptin has an impact specifically on early adiposity, encouraging further studies to uncover the molecular mechanisms that underlie this age-dependent relationship between leptin and BMI.

The Val94Met and rs10487505 variants in and near *LEP* are likely to influence leptin concentrations by different molecular mechanisms. The novel African ancestry-driven variant Val94Met may affect circulating levels of leptin by reducing leptin secretion. The rs10487505 variant is associated with leptin mRNA levels in adipose tissue. Located upstream of *LEP* within a lncRNA (EL947753), we hypothesize that this variant interacts with enhancer regions to regulate the expression of *LEP*. Defects in *LEP* regulation in

Diabetes Page 28 of 93

mice lead to a relative hypoleptinemic form of obesity that is responsive to leptin administration [10].

We identified four new loci associated with leptin concentrations, located in or near the *ZNF800*, *KLF14*, *KLHL31* and *ACTL9* genes. Two additional genes, *CNTD1* and *DNAJC18* were identified in gene-based analyses. The *ZNF800* and *KLF14* genes are master *trans*-regulators of adipose tissue gene expression [26] and located in the proximity of the *LEP* gene (866 kb and 2.5 Mb away, respectively). The variants in *ZNF800* and near *KLF14* were not associated with *LEP* mRNA levels, however, suggesting that they may be involved in translational or post-translational rather than transcriptional regulation of leptin production. *KLHL31* has been shown to promote adipocyte differentiation and suppress oxidative metabolism in adipocytes, whereas *ACTL9* is not expressed in adipocytes and could affect circulating levels by a non-cell autonomous mechanism. The *KLHL31* and *ACTL9* loci, and the *CNTD1* and *DNAJC18* genes, were only identified in sex-specific models and narrowly passed the array-wide significance threshold. Further validation of the association of these loci with leptin concentrations is warranted.

In summary, we identified a new genetic association of an African ancestry-specific missense variant rs17151919 in *LEP* with leptin concentrations and replicated the association of the rs10487505 variant near *LEP*. The pronounced association of these variants with BMI in early childhood implicates genetic regulation of *LEP* in early growth and suggests that young children may be particularly sensitive to the metabolic/behavioral effects of leptin. We also identified novel loci at *ZNF800*, *KLF14*, *KLHL31*, *ACTL9*, *CNTD1*

Page 29 of 93 Diabetes

and *DNAJC18* associated with leptin concentrations, providing additional insights into leptin physiology.

Diabetes Page 30 of 93

Acknowledgements

We thank all investigators, study members, and study participants for their contributions to the participating studies. The funding information and acknowledgements for all participating studies are provided in the Supplemental Information. This research has been conducted using the UK Biobank resource and carried out under UK Biobank project numbers 9072. Details on patient and public involvement in the UK Biobank are available online at www.ukbiobank.ac.uk/about-biobank-uk and www.ukbiobank.ac.uk/wp-content/uploads/2011/07/Summary-EGF-

consultation.pdf?phpMyAdmin=trmKQlYdjjnQlgJ%2CfAzikMhEnx6.

Author Contributions

Central analysis and writing team: H.Y., Y.Z., R.J.F.L., T.O.K.

Genotyping: K.L.Y., M.G., B.M.P., L.S.A., K.L.M., J.B.B., Y.W., N.J.W., C.L., J.L., A.D., N.A., C.M.vD., M.F.F., M.A.P., C.L., N.J.W., J.L., R.A.S., P.J., S.M., N.G., T.H., J.B., J.G.W., H.G., K.S., J.K., A.M., N.R., P.K., J.I.R., X.G., Y.C., D.O.M., R.L., E.I., A.G.U., C.M., L.B., A.T., T.K., G.H., P.C., D.I.C., P.M.R., T.L., L.L., C.L.

Statistical analysis within cohorts: H.G., K.L.Y., A.D., N.A., M.F.F., C.M., C.V., K.L.M., N.G., K.S., D.I.C., M.M., J.L., J.B., A.M., N.R., X.G., R.L., L.B., A.T., T.K., L.L., C.M.S., C.N.S., L.B.L.W., I.N., S.M.W., A.A.S., M.A.N., L.A.L., S.M., J.Y., H.Y., J.H., P.L.A.

Sample collection and phenotyping: L.S.A., N.J.W., C.L., N.J.W., H.G., J.I.R., T.L., J.B.M., L.L., M.A.I., R.J., M.K., O.T.R., K.L.Y., M.G., B.M.P., J.B.B., Y.W., A.D., N.A., C.M.vD.,

Page 31 of 93 Diabetes

M.F.F., M.A.P., P.J., S.M., J.G.W., D.O.M., C.M., A.E.J., J.R.K., M.E.G., T.S., M.B., M.A., K.D.T., R.dM., M.N., C.V., A.D.P.

Study Design and Principal Investigators: L.S.A., K.L.M., N.J.W., C.L., C.L., N.J.W., N.G., T.H., H.G., K.S., J.I.R., E.I., A.G.U., D.I.C., P.M.R., T.L., C.L., K.E.N., B.M.P., J.B.M., V.S., S.R., K.vD., L.L., M.W., M.A.I., M.M., T.D.S., R.J., A.P.R., M.K., O.T.R.

Guarantor Statement

HY and TOK are the guarantor of this work and, as such, had full access to all the data in the study and take responsibility for the integrity of the data and the accuracy of the data analysis.

Conflict of Interest statement

This work was conducted prior to M.E.G's current affiliation with the National Heart, Lung, and Blood Institute, and, as such, the views expressed in this article do not represent the views of the NHLBI, NIH, or other government entity. D.M.-K. is a part-time clinical research consultant for Metabolon, Inc. M.A.N's participation is supported by a consulting contract between Data Tecnica International and the National Institute on Aging, National Institutes of Health. V.S. has served in advisory boards for Novo Nordisk and Sanofi and received honoraria from these companies. He also has ongoing research collaboration with Bayer Ltd (all unrelated to the present study). B.M.P. serves on the Steering Committee of the Yale Open Data Access Project funded by Johnson & Johnson. J.R.K. reports stock ownership in Bristol Myers Squibb, Johnson & Johnson, Merck, and Pfizer.

B.M.P. serves on the Steering Committee of the Yale Open Data Access Project funded by Johnson & Johnson.

Page 33 of 93 Diabetes

References

1. Ahima, R.S., et al., Role of leptin in the neuroendocrine response to fasting. Nature, 1996. 382(6588): p. 250-2.

- 2. Farooqi, I.S., et al., Beneficial effects of leptin on obesity, T cell hyporesponsiveness, and neuroendocrine/metabolic dysfunction of human congenital leptin deficiency. J Clin Invest, 2002. 110(8): p. 1093-103.
- 3. Montague, C.T., et al., Congenital leptin deficiency is associated with severe early-onset obesity in humans. Nature, 1997. 387(6636): p. 903-8.
- 4. Farooqi, I.S., et al., Partial leptin deficiency and human adiposity. Nature, 2001. 414(6859): p. 34-5.
- 5. Wabitsch, M., et al., Biologically inactive leptin and early-onset extreme obesity. N Engl J Med, 2015. 372(1): p. 48-54.
- 6. Chung, W.K., et al., Heterozygosity for Lep(ob) or Lep(rdb) affects body composition and leptin homeostasis in adult mice. Am J Physiol, 1998. 274(4): p. R985-90.
- 7. Narkiewicz, K., et al., Heritability of plasma leptin levels: a twin study. J Hypertens, 1999. 17(1): p. 27-31.
- 8. Rice, T., et al., Familial resemblance for plasma leptin: sample homogeneity across adiposity and ethnic groups. Obes Res, 2002. 10(5): p. 351-60.
- 9. Kilpeläinen, T.O., et al., Genome-wide meta-analysis uncovers novel loci influencing circulating leptin levels. Nat Commun, 2016. 7: p. 10494.
- 10. Dallner, O.S., et al., Dysregulation of a long noncoding RNA reduces leptin leading to a leptin-responsive form of obesity. Nat Med, 2019. 25(3): p. 507-516.
- 11. Helgeland, Ø., et al., Genome-wide association study reveals dynamic role of genetic variation in infant and early childhood growth. Nat Commun, 2019. 10(1): p. 4448.
- 12. Feng, S., et al., RAREMETAL: fast and powerful meta-analysis for rare variants. Bioinformatics, 2014. 30(19): p. 2828-9.
- 13. Zhan, X., et al., RVTESTS: an efficient and comprehensive tool for rare variant association analysis using sequence data. Bioinformatics, 2016. 32(9): p. 1423-6.
- 14. Liu, D.J., et al., Meta-analysis of gene-level tests for rare variant association. Nat Genet, 2014. 46(2): p. 200-4.
- 15. Wu, M.C., et al., Rare-variant association testing for sequencing data with the sequence kernel association test. Am J Hum Genet, 2011. 89(1): p. 82-93.
- 16. Price, A.L., et al., Pooled association tests for rare variants in exon-resequencing studies. Am J Hum Genet, 2010. 86(6): p. 832-8.
- 17. Grant, S.F., et al., Investigation of the locus near MC4R with childhood obesity in Americans of European and African ancestry. Obesity (Silver Spring), 2009. 17(7): p. 1461-5.
- 18. Pers, T.H., et al., Biological interpretation of genome-wide association studies using predicted gene functions. Nat Commun, 2015. 6: p. 5890.

Diabetes Page 34 of 93

- 19. Turcot, V., et al., Protein-altering variants associated with body mass index implicate pathways that control energy intake and expenditure in obesity. Nat Genet, 2018. 50(1): p. 26-41.
- 20. Lamparter, D., et al., Fast and Rigorous Computation of Gene and Pathway Scores from SNP-Based Summary Statistics. PLoS Comput Biol, 2016. 12(1): p. e1004714.
- 21. Moayyeri, A., et al., Cohort Profile: TwinsUK and healthy ageing twin study. Int J Epidemiol, 2013. 42(1): p. 76-85.
- 22. Boyd, A., et al., Cohort Profile: the 'children of the 90s'--the index offspring of the Avon Longitudinal Study of Parents and Children. Int J Epidemiol, 2013. 42(1): p. 111-27.
- 23. Aschard, H., et al., Adjusting for heritable covariates can bias effect estimates in genome-wide association studies. Am J Hum Genet, 2015. 96(2): p. 329-39.
- 24. Cole, S.R., et al., Illustrating bias due to conditioning on a collider. Int J Epidemiol, 2010. 39(2): p. 417-20.
- 25. Yaghootkar, H., et al., Quantifying the extent to which index event biases influence large genetic association studies. Hum Mol Genet, 2017. 26(5): p. 1018-1030.
- 26. Civelek, M., et al., Genetic Regulation of Adipose Gene Expression and Cardio-Metabolic Traits. Am J Hum Genet, 2017. 100(3): p. 428-443.
- 27. Lee, M.J., Y. Wu, and S.K. Fried, A modified protocol to maximize differentiation of human preadipocytes and improve metabolic phenotypes. Obesity (Silver Spring), 2012. 20(12): p. 2334-40.
- 28. Pettersen, E.F., et al., UCSF Chimera--a visualization system for exploratory research and analysis. J Comput Chem, 2004. 25(13): p. 1605-12.
- 29. Dunbrack, R.L., Jr., Rotamer libraries in the 21st century. Curr Opin Struct Biol, 2002. 12(4): p. 431-40.
- 30. Pandurangan, A.P., et al., SDM: a server for predicting effects of mutations on protein stability. Nucleic Acids Res, 2017. 45(W1): p. W229-w235.
- 31. Chen, C.W., J. Lin, and Y.W. Chu, iStable: off-the-shelf predictor integration for predicting protein stability changes. BMC Bioinformatics, 2013. 14 Suppl 2: p. S5.
- 32. Parthiban, V., M.M. Gromiha, and D. Schomburg, CUPSAT: prediction of protein stability upon point mutations. Nucleic Acids Res, 2006. 34(Web Server issue): p. W239-42.
- 33. Capriotti, E., R. Calabrese, and R. Casadio, Predicting the insurgence of human genetic diseases associated to single point protein mutations with support vector machines and evolutionary information. Bioinformatics, 2006. 22(22): p. 2729-34.
- 34. Zhang, M., S. Guller, and Y. Huang, Method to enhance transfection efficiency of cell lines and placental fibroblasts. Placenta, 2007. 28(8-9): p. 779-82.
- 35. Karczewski, K., et al., Variation across 141,456 human exomes and genomes reveals the spectrum of loss-of-function intolerance across human protein-coding genes. bioRxiv, 2019. Preprint (not peer-reviewed) posted online Jan 30, 2019.

Page 35 of 93 Diabetes

36. Friedlander, Y., et al., Candidate molecular pathway genes related to appetite regulatory neural network, adipocyte homeostasis and obesity: results from the CARDIA Study. Ann Hum Genet, 2010. 74(5): p. 387-98.

- 37. Ng, M.C.Y., et al., Discovery and fine-mapping of adiposity loci using high density imputation of genome-wide association studies in individuals of African ancestry:
- African Ancestry Anthropometry Genetics Consortium. PLoS Genet, 2017. 13(4): p. e1006719.
- 38. Najafabadi, H.S., et al., C2H2 zinc finger proteins greatly expand the human regulatory lexicon. Nat Biotechnol, 2015. 33(5): p. 555-62.
- 39. Hernandez Cordero, A.I., et al., Genome-wide Associations Reveal Human-Mouse Genetic Convergence and Modifiers of Myogenesis, CPNE1 and STC2. Am J Hum Genet, 2019. 105(6): p. 1222-1236.
- 40. Voight, B.F., et al., Twelve type 2 diabetes susceptibility loci identified through largescale association analysis. Nat Genet, 2010. 42(7): p. 579-89.
- 41. Lotta, L.A., et al., Integrative genomic analysis implicates limited peripheral adipose storage capacity in the pathogenesis of human insulin resistance. Nat Genet, 2017. 49(1): p. 17-26.
- 42. Teslovich, T.M., et al., Biological, clinical and population relevance of 95 loci for blood lipids. Nature, 2010. 466(7307): p. 707-13.
- 43. Shungin, D., et al., New genetic loci link adipose and insulin biology to body fat distribution. Nature, 2015. 518(7538): p. 187-196.
- 44. Small, K.S., et al., Regulatory variants at KLF14 influence type 2 diabetes risk via a female-specific effect on adipocyte size and body composition. Nat Genet, 2018. 50(4): p. 572-580.
- 45. Ng, P.C. and S. Henikoff, SIFT: Predicting amino acid changes that affect protein function. Nucleic Acids Res, 2003. 31(13): p. 3812-4.
- 46. Adzhubei, I., D.M. Jordan, and S.R. Sunyaev, Predicting functional effect of human missense mutations using PolyPhen-2. Curr Protoc Hum Genet, 2013. Chapter 7: p. Unit7.20.
- 47. Marouli, E., et al., Rare and low-frequency coding variants alter human adult height.
 Nature, 2017. 542(7640): p. 186-190.
- 48. Rosenbaum, M. and R.L. Leibel, Leptin: a molecule integrating somatic energy stores, energy expenditure and fertility. Trends Endocrinol Metab, 1998. 9(3): p. 117-24.
- 49. Kurata, R., et al., TRIM39 and RNF39 are associated with Behcet's disease independently of HLA-B *51 and -A *26. Biochem Biophys Res Commun, 2010. 401(4): p. 533-7.
- 50. Suzuki, M., et al., TRIM39 negatively regulates the NFkappaB-mediated signaling pathway through stabilization of Cactin. Cell Mol Life Sci, 2016. 73(5): p. 1085-101.

Diabetes Page 36 of 93

Tables

Table 1. Leptin-associated loci identified in exome-based association analyses

SNP	Chr	Position	Nearest gene	Trait	Most significant model	Annotation	EA	OA	EAF	Beta	SE	P value	N
Novel varian	ts												
rs3799260	6	53,519,605	KLHL31	LeptinAdjBMI	Additive / All ancestries / Women	missense	С	Т	0.175	0.055	0.010	1.0E-07	32,886
rs62621812	7	127,015,083	ZNF800	LeptinAdjBMI	Additive / All ancestries	missense	Α	G	0.028	-0.127	0.018	2.0E-12	56,708
rs17151919	7	127,894,592	LEP	LeptinAdjBMI	Additive / All ancestries	missense	Α	G	0.007	-0.333	0.040	1.5E-16	49,034
rs972283	7	130,466,854	KLF14	LeptinAdjBMI	Additive / European	intergenic	Α	G	0.479	0.056	0.006	3.8E-18	49,830
rs2340550	19	8,808,942	ACTL9	LeptinAdjBMI	Recessive / European / Men	missense	Α	G	0.316	0.071	0.014	2.0E-07	21,883
Previously ic	lentified	d variants											
rs1260326	2	27,730,940	GCKR	LeptinAdjBMI	Additive / All ancestries	missense	Т	С	0.375	-0.050	0.006	2.7E-15	56,708
rs13389219	2	165,528,876	COBLL1	LeptinAdjBMI	Additive / All ancestries	intronic	Т	С	0.410	0.053	0.007	3.0E-15	50,297
rs900399	3	156,798,732	CCNL1	LeptinAdjBMI	Additive / All ancestries / Women	intergenic	G	Α	0.391	-0.054	0.008	1.2E-10	29,510
rs791600	7	127,865,816	LEP	LeptinAdjBMI	Additive / All ancestries	intergenic	Α	G	0.422	-0.066	0.007	1.1E-23	49,282
rs1121980	16	53,809,247	FTO	Leptin	Additive / European	intronic	Α	G	0.432	0.055	0.007	7.7E-17	49,909

The chromosomal positions are based on hg19.

Chr, chromosome; EA, Effect allele; OA, Other allele; EAF, Effect allele frequency; LeptinAdjBMI, leptin adjusted for body mass index

Page 37 of 93 Diabetes

Table 2. Leptin-associated genes identified by gene-based exome-wide association analyses

Gene	Chr	Position	Trait	Most significant model	Method	N	P value	Beta	SE	N variants
CNTD1	17	40,950,810-40,963,605	Leptin	Additive / European / Men	SKAT broad	18,882	1.3E-07	0.898	0.165	5
DNAJC18	5	138,743,559-198,780,898	LeptinAdjBMI	Additive / All ancestries / Women	SKAT strict	29,510	5.5E-08	0.757	0.169	2

The chromosomal positions are based on hg19.

Chr, chromosome; LeptinAdjBMI, leptin adjusted for body mass index

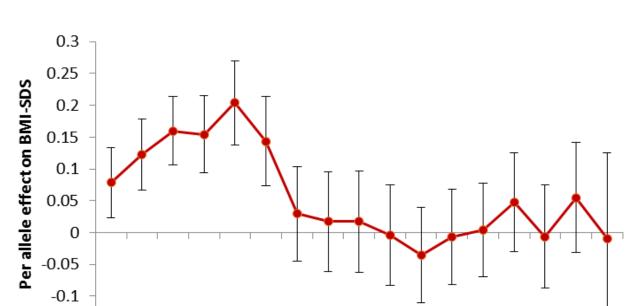
Figure 1. Association of the leptin-decreasing alleles of the *LEP* Val94Met (rs17151919) variant (on the left) and the rs10487505 variant near *LEP* (on the right) with BMI standard deviation score (SDS) in the CHOP cohort. The analyses for the Val94Met variant were performed in up to 2,726 African ancestry participants and the analyses for the rs10487505 variant in up to 3,681 African and European ancestry participants of the CHOP cohort. The y-axis reports the effect of each leptin-decreasing allele on BMI at each age year. The error bars indicate 1 standard error of the mean (SEM).

Figure 2. Impact of Val94Met transversion at LEP rs17151919 on leptin secretion rate in HEK293 cells. The rs17151919 variant changes valine to methionine in position 73 of the mature leptin protein. A) The 3D illustration of leptin structure derived from RSCCB Protein Data Bank and modified with UCSF Chimera1.13.1. The prediction of protein stability is derived from the SDM2 server [30]. B) Leptin secretion rates for Val94 and Met94 expressed as the amount of leptin secreted in ng during a 1 hr incubation (72-73 hr post-transfection) (LEPs/hr) normalized by the respective cellular leptin content (LEPc) in untreated control cells at the end of incubation. Individual data points from four separate experiments (each with 2-3 technical replicates) are plotted. The normality of data distribution was examined using D'Agostino & Pearson normality test (p=0.65 and 0.54 for LEPV94 and LEPM94, respectively) and repeated measures oneway ANOVA was performed to assess the difference in secretion rate between the genotypes. Mean ± SD and AVOVA results (F and p values) are reported in the table below the graph. C) Intracellular leptin turnover rates for Val94 and Met94 alleles, obtained by measuring the relative cellular leptin contents in the untreated control cells

Page 39 of 93 Diabetes

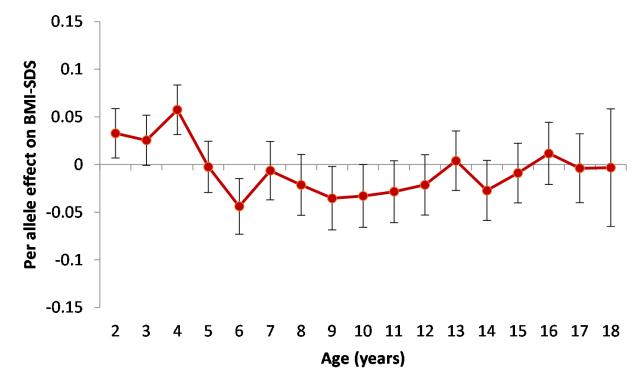
(defined as 1 for the respective LEP variant) and in samples treated with the protein synthesis inhibitor cycloheximide (CHX, 20 µg/ml) for 0.5 and 1.0 hour. Mean \pm SD at each time point from four separate experiments (each with 2-3 technical replicates) are plotted. Paired t-test was used to assess the genotype effect on the fractions of cellular LEP remained after 0.5 hr and 1 hr of CHX treatment (p values are reported in the table below the graph). The average hourly turnover rates for Val94 and Met94 were 61 \pm 2%, and 60 \pm 3%, respectively, calculated by subtracting the percent cellular LEP remained after one hour of CHX treatment from those of the respective untreated controls (defined as 100%).

-0.15

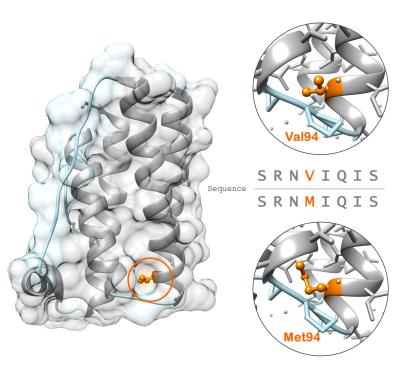


Age (years)

12 13 14 15 16 17 18



A)



Predicted pseudo AAG

- 0.72 (Reduced stability)

Mutation:

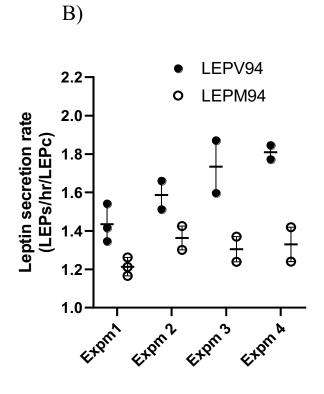
PDB ID: 1AX8

Chain: A

WT: VAL

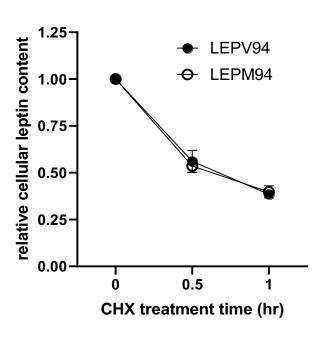
Position: 73 (94)

SNP: MET



LEPV94	1.62±0.18
LEPM94	1.29±0.09
F (1,8)	28.82
р	0.0007

C)



	0.5 hr	1 hr
LEPV94	0.56±0.06	0.39±0.02
LEPM94	0.54±0.03	0.40±0.03
P (V94 vs M94)	0.316	0.366

Diabetes Page 42 of 93

Table S1. Study design, number of individuals and sample quality control for ExomeChip study cohorts

Study		Study design	Ethnicity	Total	Sample	QC	Samples	ВМІ	References	
Short name	Full name	-		sample size (N)	Call rate*	Other exclusions	in analyses (N)	assessment method		
ARIC	Atherosclerosis Risk in Communities Study	Population- based	European American (EA) African American (AA)	462	≥ 95%	1) call rate <95%, 2) PCA outliers, 3)sex mismatch, 4) inbreeding coefficient +/-6SD from mean of ancestry distribution, 5) first degree relatedness; 6) comparison with GWAS data, exclude if >40% mismatch, 7) (p10GC) genotype quality score, representing the 10th percentile of the distribution of GenCall scores across all SNPs, 8) missing leptin, adiponectin, or BMI measures (only exclude from analyses missing respective phentoype trait)	340	Measured	PMID: 2646917 PMID: 2387450 PMCID: PMC3709915 PMID: 12829649	
CHS EA and AA	Cardiovascular Health Study	Population- based	European American (EA) African- American (AA)	5088	≥ 95%	Following the central QC and joint variant calling, additional QC steps were applied to the CHS data using PLINK. SNPs with a missingness rate of >95% were removed and individuals meeting the following criteria were excluded from analysis. We further excluded individuals with low P10GC call, a missing genotype rate of > 97%, gender mis-matches identified by X chromosome homozygosity rates. The sample was limited to those of self-described European-ancestry (EA) and African-American (AA) participants. Principal components analysis was performed using a subset of common LD-pruned variants from the Exome Chip both for the full sample as well as in EA and AA strata. Individuals whose full-sample first principal component suggested a different ancestry from their self-reported ancestry were excluded as were individuals who were outliers for the first 10 ancestry-specific principal components. Pairwise IBD measures were calculated and outliers with high levels of IBD were removed.	5044	Measured	PMID: 23874508 PMID: 1669507	
CLHNS	Cebu Longitudinal Health and Nutrition Survey	Population Based Longitudinal	Filipino	1799	≥98%	Missing study specific covariates (household assets or household income)	1,792	Measured	PMID: 20507864	
Ely	Ely study	Longitudinal cohort study	European ancestry	1592	> 98%	1) Heterozygosity check, 2) Ethnic outliers, 3) Duplicate individuals, 4) Sex discrepancy, 5) Unusually high number of singleton genotypes, 6) impossible IBD values, 7) phenotype missing	1,432	Measured	PMID:17257284	
ERF study	Erasmus Rucphen Family study	Family-based	White European	2963	≥ 95%		1146	Measured	http://www.eras musmc.nl/klinisch e_genetica/resear ch/intro/genepi/	
FAMHS	Family Heart Study	Family-based	White European		≥ 98%	1) Variants with missing rate > 5% (based on aggregate data) 2) pHWE<1e-6 3) Mendelian errors 4) minor allele count (MAC)<5 for variant-wise tests	1505	Measured	PMID:8651220	
Fenland-CE	Fenland Study	Population- based	European ancestry	1077	> 98%	Heterozygosity check; Ethnic outliers; sex discrepancy; unusually high number of singleton genotypes; impossible IBD values; phenotype missing; excluding overlap exomechip samples	368	Measured	PMID: 20519560	

Fenland- Exomechip	Fenland Study	Population- based	White European	1650	> 98%	1) heterozygosity outliers (>3.5 SDs), 2) ethnic outliers, 3) sex discrepancy, 4) unusually high number of singleton genotypes, 5) related (IBD > 0.1875)	1342	Measured	PMID: 20519560
FHS	Framingham Heart Study	Family-based	White European	8153	≥ 97%	1) Missing GWAS PCs, 2) Ethnic outlier, 3) Missing trait or covariate	7458	Measured	PMID: 23874508
FINRISK 1997	Finland National FINRISK Health Survey 1997	Population- based	White European	8325 (4006)	≥ 95%	1) Missing leptin or adiponectine levels, 2) Missing BMI, 3)Pregnancy	3917	Measured	PMID: 29165699
FINRISK 2007	Finland National FINRISK Health Survey 2007	Population- based	White European	6086 (3465)	≥ 95%	1) Missing leptin or adiponectin levels, 2) Missing BMI, height or weight, 3) Missing fat free mass or fat mass, 4) Pregnancy	2945	Measured	PMID: 29158543
HABC AA	Health, aging and body composition study	Population- based	African American ancestry	1139	> 95%	1) missing data, 2) relatedness, 3) acestry outliers, 4) heterozygosity outliers	1060	Measured	
HABC EA	Health, aging and body composition study	Population- based	European ancestry	1663	> 95%	1) missing data, 2) relatedness , 3) acestry outliers, 4) heterozygosity outliers	1572	Measured	
Inter99	Inter99	Population- based	European	6141	≥ 98%	1) Missing body weight and height. 2) Heterozygosity were calculated separately for maf < 1% and maf > 1% and samples were dropped judged by plots, 3) Cryptic relatedness (related to 20 or more individuals), 3) Technical duplicates, 4) Non-European population outliers from PCA plot (based on AIM SNPs), 5) Sex discrepancy	5594	Measured	PMID: 14663300
JHS	Jackson Heart Study	Population- based cohort with subset of families	African American	2803	≥ 95%	Missing outcome or covariate, 2) Heterozygosity, 3) PC outlier Half of overlap with ARIC African Americans (coordinated with ARIC)	2312	Measured	PMID: 16320381
KORA	Kooperative Gesundheitsforschung in der Region Augsburg (Cooperative Health Research in the Region of Augsburg)	Population- based	White European	2921	≥98%	1) excess heterozygosity [i.e. het_rate > mean+/-5sd], 2) sexcheck based on y-chromosome (remove men with <50% and women with >50% calls on y-chromosome), 3) remove of HAPMAP-samples 4) remove duplicates (keep sample with higher callrate), 5) remove samples with genetic inconsistencies with other genotyping / indication for contamination / population outliers	2916	Measured	
Leipzig- adults	Leipzig Adults Study	Population- based	White European	902	≥ 99%	Missing phenotype, 2) Heterozygosity, 3) Non-European population outliers, 4) Technical duplicates with lower call rate 5) Sex discrepancy	902	Measured	PMID: 20935630
MESA CAU, CHN, AFA and HIS	Multi-Ethnic Study of Atherosclerosis (MESA) Cohort	Population- based	Caucasia n;Chines e;Hispani c;African- American were recruited from six field centers	6375	≥ 95%	1) Ethnic outliers, 2) duplicates, 3) gender mismatch, 4) Phenoty outliers	CAU 2497 AFA 1655 CHN 769 HIS 1435	Measured	
NEO Study	The Netherlands Epidemiology of Obesity Study	Population- based	European ancestry	6.604	≥ 98%	1) remove duplicate/swap samples, 2) remove samples with gender mismatch, 3) remove outliers in PCA	6.127	Measured	PMID: 23576214]

Diabetes Page 44 of 93

OMICS- Fenland	Fenland Study	Population- based European White European Share				unusually high number of singleton genotypes, 5) impossible IBD values, 6) phenotype missing, 7) excluding overlap exomechip	7845	Measured	PMID: 20519560
PIVUS	Prospective Investigation of the Vasculature in Uppsala Seniors	Population- based	White European	961	≥ 99%	Missing phenotype, 2) Heterozygosity, 3) Non-European population outliers, 4) technical duplicates with lower call rate 5) Sex discrepancy	961	Measured	PMID: 16141402
RAINE Study	Western Australian Pregnancy Cohort (RAINE) Study	Population- based	White European	1527	>=95%	Samepl disconcordance with GWAS data, 2) Heterozygosity Missing body weight and height, 4) Did not participant in DEXA scan	1006	Measured	
RISC	Relationship between Insulin Sensitivity and Cardiovascular disease	Population- based	White European	313	0.99	1) heterozygosity, 2) duplicates, 3) relatedness	313	Measured	PMID:14968294
RSI	Rotterdam Study	Population- based	White European	3163	≥ 98%	1) Heterozygosity, 2) gender-check	554	Measured	PMID: 29064009
SHIP- TREND	Study of Health in Pomerania - TREND	Population- based	White European	4270	≥ 98%	1) missing data, 2) duplicate samples (by estimated IBD), 3) reported and genotyped sex mismatch, 4) Heterozygosity	4149	Measured	PMID: 20167617
TwinsUK	TwinsUK	twin study	White European	4081	≥ 95%	1) missing phenotype, 2) sample call rate	1864	Measured	
WGHS	Women's Genome Health Study	population based trial	European	22618	>98%	1) Heterozygosity, 2) Batch effects, 3) see also Grove et al. (PLoS One (2013) doi: 10.1371/journal.pone.0068095)	789	Self- reported	PMID: 18070814
WHI	Women's Health Initiative	Cohort	European	21,857	≥ 95%	Unexpected Duplicates, 2) PC ancestry outliers, 3) Missing body weight and height	5886	Measured	PMID: 9492970
WHI	Women's Health Initiative	Cohort	African American	3,516	≥ 95%	1) Unexpected Duplicates, 2) PC ancestry outliers, 3) Missing body weight and height	884	Measured	PMID: 9492970
YFS	The Cardiovascular Risk in Young Finns Study	Population- based	White European	1998	≥ 95%	Pregnancy, 2) Heterozygosity, 3) Gender discrepancy, 4) MDS outliers	1681	Measured	PMID: 18263651

^{*} Call rate to exclude individuals for whom genotyping success rate is less than a certain percentage (to exclude 'bad' samples/DNA)

^{**}Exome-chip samples from this study

Page 45 of 93 Diabetes

Table S2. Study-specific descriptive statistics of ExomeChip cohorts.

Study ^a	Trait	Men						Women						
Study	Irait	n	mean	SD	median	min	max	n	mean	SD	median	min	max	
	Age (yrs)	249	53.8	5.7	53	45	65	342	53.2	5.6	53	44	65	
ARIC	BMI (kg/m²)	249	28.7	4.04	28.2	20.4	44.9	342	28.1	5.6	26.8	18.1	49.5	
	Leptin levels (ng/ml)	249	8.4	9.6	5.9	0.5	105.3	342	25.6	22.1	18.7	0.7	147.3	
	Age (yrs)	484	72.9	5.4	72	65	91	533	72.6	4.9	72	65	92	
CHS-EA	BMI (kg/m²)	482	26.4	3.6	26	16.9	39.4	531	26.3	4.9	25.5	15.6	47.7	
	Leptin levels (ng/ml)	484	9.5	10.4	7.2	1.3	100	533	27.2	22.6	19.2	1.4	100	
	Age (yrs)	88	73.6	5.7	73	65	89	121	73.7	5.4	73	66	90	
CHS-AA	BMI (kg/m²)	88	26.4	3.8	26.1	18.2	37.7	121	29.6	5.3	29.3	18.3	44.5	
	Leptin levels (ng/ml)	88	9.6	8.8	7.1	1.3	46.8	121	41.7	26.6	36.1	1.4	100	
	Age (yrs)	-	-	-	-	-	-	1792	48.5	6.1	47.7	35.7	69.3	
CLHNS	BMI (kg/m²)	-	-	-	-	-	-	1780	21.3	4.4	24.1	12.3	42.1	
	Leptin levels (ng/ml)	-	-	-	-	-	-	1792	25.5	19.4	21.3	0	154.2	
	Age (yrs)	742	61.5	9.1	61.6	35.7	77.4	849	60.8	9.3	60.2	36.3	78.9	
Ely	BMI (kg/m²)	742	27.4	3.9	26.8	16	45.8	849	27.3	5.4	26.3	16.9	59.3	
•	Leptin levels (ng/ml)	658	9.2	8.1	7.1	0.1	63.1	769	33	26.7	25.7	0.7	198	
	Age (yrs)	262	49.4	14.2	49.6	17.6	81.8	316	50.0	15.4	51.0	18.6	81.4	
ERF study	BMI (kg/m²)	262	27.5	5.0	26.9	17.4	50.8	316	27.1	5.2	26.5	17.7	61.8	
,	Leptin levels (ng/ml)	262	27.7	43.8	16.8	0.6	535.9	316	91.3	89.1	60.0	0.0	599.3	
	Age (yrs)	737	52.5	13.9	53.9	25.2	91.0	768	52.8	13.1	53.9	25.2	88.7	
FAMHS EA	BMI (kg/m²)	737	27.8	5.0	27.0	16.0	49.6	768	28.1	6.9	26.4	16.1	55.1	
	Leptin levels (ng/ml)	737	8.5	7.0	6.6	1.1	77.1	768	23.4	17.9	18.4	2.2	123.6	
	Age (yrs)	164	49.6	7.0	50.4	36.1	61.6	204	49.3	7.6	50.1	30.7	62.3	
Fenland-CE	BMI (kg/m²)	164	27.4	4.1	26.9	18.2	42.3	204	26.6	4.8	25.4	19.1	45.5	
	Leptin levels (ng/ml)	164	7.46	7.26	5.70	0.50	57.90	204	23.69	19.80	16.75	2.20	112.00	
Fenland-	Age (yrs)	621	48.5	7.2	48.5	31.3	61.5	713	48.6	7.2	49.0	33.7	61.1	
Exomechip	BMI (kg/m²)	621	27.5	4.0	27.1	18.0	46.6	713	26.6	5.5	25.2	16.6	59.9	

	Leptin levels (ng/ml)	621	7.7	7.5	5.9	0.1	74.5	713	24.2	21.3	17.7	0.5	169.0
	Age (yrs)	3035	48.3	7.4	48.6	30.9	62.3	3376	48.4	7.2	48.7	30.5	62.8
Fenland-	BMI (kg/m²)	3035	27.3	4.2	26.8	15.3	50.6	3376	26.4	5.2	25.4	14.5	58.7
OMICS	Leptin levels (ng/ml)	3035	7.7	7.3	5.6	0.1	72.1	3376	23.3	20.3	17.3	0.1	199.0
	Age (yrs)	1800	40.3	8.9	40.0	19.0	72.0	2034	40.0	8.8	40.0	19.0	70.0
FHS	BMI (kg/m²)	1800	27.9	4.7	27.3	16.4	56.5	2030	26.0	6.1	24.4	15.6	60.6
	Leptin levels (ng/ml)	1800	6.1	6.2	4.3	0.2	64.2	2034	18.2	17.1	12.3	0.7	110.3
	Age (yrs)	1786	46.1	13.1	45.3	24.2	74.1	2134.0	44.8	12.4	44.2	24.2	73.8
FINRISK97	BMI (kg/m²)	1783	26.6	3.9	26.1	14.7	47.1	2133.0	26.0	4.9	25.1	16.6	51.6
	Leptin levels (ng/ml)	1761	6.2	6.2	4.3	1.6	76.2	2111.0	18.0	14.0	14.0	1.6	100.0
	Age (yrs)	1298	52.2	13.6	53.0	25.0	74.0	1647.0	51.0	15.5	51.0	25.0	74.0
FINRISK07	BMI (kg/m²)	1284	26.9	4.1	26.3	15.7	62.8	1635.0	26.6	5.4	25.4	15.9	52.7
	Leptin levels (ng/ml)	1284	7.8	8.2	5.3	0.1	89.1	1602.0	19.1	15.8	14.9	0.5	100.0
	Age (yrs)	457	73.5	2.8	73.0	69.0	79.0	603	73.3	2.9	73.0	68.0	80.0
HABC AA	BMI (kg/m²)	457	27.1	4.2	26.8	14.9	43.2	603	29.4	5.6	29.0	14.6	47.5
	Leptin levels (ng/ml)	457	8.1	7.2	6.4	0.0	60.3	603	24.8	15.0	22.3	0.3	99.3
	Age (yrs)	825	73.9	2.9	74	69	80	747	73.6	2.8	73	69	80
HABC EA	BMI (kg/m²)	825	27	3.7	26.6	17.6	44.2	747	26.1	4.5	25.6	15.6	44.7
	Leptin levels (ng/ml)	825	7.7	6.8	6	0.2	59.1	747	18.9	14	14.8	0.3	86.9
	Age (yrs)	2675	46.6	7.8	45.2	29.9	61.1	2828	45.8	8.0	45.1	29.7	61.3
Inter99	BMI (kg/m²)	2674	26.8	4.0	26.3	17.1	56.9	2825	25.8	5.0	24.7	15.2	55.7
	Leptin levels (ng/ml)	2675	4.6	5.1	3.2	0.2	70.7	2828	15.1	16.1	10.3	0.4	260.6
	Age (yrs)	861	51.9	12.8	51.0	21.0	81.0	1434	53.8	12.6	53.0	21.0	91.0
JHS	BMI (kg/m²)	861	30.4	30.4	29.2	16.4	66.1	1434	31.9	6.2	31.5	16.0	91.8
	Leptin levels (ng/ml)	861	12.0	11.5	8.8	0.8	106.9	1434	36.1	21.5	32.7	1.4	291.0
	Age (yrs)	1415	49.6	13.4	50.0	25.0	74.0	1506	48.4	13.2	48.0	25.0	74.0
KORA	BMI (kg/m²)	1411	27.4	3.8	26.9	16.3	55.1	1491	26.8	5.1	25.9	15.8	51.2
	Leptin levels (ng/ml)	1410	9.4	10.3	6.3	0.0	140.0	1506	27.9	23.6	20.5	0.3	212.0
	Age (yrs)	223	42.3	17.1	40.5	18.0	99.0	276	41.5	16.6	38.0	18.0	89.0
Leipzig-adults	BMI (kg/m²)	223	35.4	12.6	32.6	18.8	120.4	276	36.1	12.6	33.6	14.7	70.0
	Leptin levels (ng/ml)	223	14.3	13.8	10.1	0.2	62.1	276	35.1	23.5	34.1	0.2	142.9

	Ago (yrs)	395	62.6	10.2	63.0	45.0	84.0	360	62.9	9.2	62.5	45.0	84.0
	Age (yrs) BMI (kg/m²)	395	28.2	4.0	27.6	19.9	41.1	360	27.5	5.7	26.5	16.9	45.7
MESA CAU	Leptin levels	_										10.9	
	(ng/ml)	395	10.4	10.6	7.1	0.2	79.9	360	27.2	23.0	20.7	1.1	156.5
	Age (yrs)	129	62.6	10.7	63.0	45.0	82.0	115	62.3	9.7	61.0	44.0	84.0
MESA CHN	BMI (kg/m²)	129	24.3	2.8	23.9	16.8	32.3	115	24.4	3.2	24.6	17.8	33.0
	Leptin levels (ng/ml)	129	5.8	5.8	3.7	0.4	36.5	115	18.7	16.4	13.2	1.2	113.9
	Age (yrs)	158	61.7	9.7	62	45	83	180	63.6	9.6	64	46	84
MESA AFA	BMI (kg/m²)	158	28.6	4.5	28.3	19	46.9	180	30.3	5.7	29.4	19.7	47.3
	Leptin levels (ng/ml)	158	15.3	17.3	9.3	0.2	150	180	41.6	29.4	37.3	2.8	190.9
	Age (yrs)	246	60.0	9.9	59.0	44.0	82.0	242	62.3	9.2	63.0	45.0	82.0
MESA HIS	BMI (kg/m²)	246	29.0	4.5	28.7	19.4	45.8	242	30.1	5.5	29.6	18.3	52.5
	Leptin levels (ng/ml)	246	11.0	11.0	7.1	0.0	66.8	242	33.8	25.9	27.8	0.9	224.9
	Age (yrs)	2941	56.2	6.0	57.0	44.0	66.0	3186	55.8	5.9	56.0	44.0	66.0
NEO study	BMI (kg/m²)	2941	29.8	3.9	29.3	19.3	54.4	3186	30.3	5.5	29.8	17.2	61.2
	Leptin levels (ng/ml)	2929	12.9	9.2	10.5	0.5	98.6	3172	36.0	23.1	31.9	0.5	262.0
	Age (yrs)	479	70.1	0.2	70.1	69.8	72.3	466	70.3	0.1	70.3	69.9	70.8
PIVUS	BMI (kg/m²)	479	27.0	3.7	26.8	17.7	43.4	466	27.1	4.9	26.5	16.6	49.8
	Leptin levels (ng/ml)	479	8.0	5.6	6.5	1.1	41.8	466	19.4	11.9	17.0	1.7	90.0
	Age (yrs)	467	20.1	0.4	20.0	19.4	22.1	412	20.0	0.4	19.9	18.3	21.9
RAINE Study	BMI (kg/m²)	467	24.5	4.3	23.8	16.9	48.9	412	24.2	5.0	23.0	15.4	46.5
	Leptin levels (ng/ml)	467	6.1	9.9	3.4	0.1	162.1	412	26.2	18.7	21.5	2.2	98.2
	Age (yrs)	156	44.7	8.3	-	-	-	157	45.8	7.9	-	-	-
RISC	BMI (kg/m²)	156	26.0	3.5	26.0	17.9	39.3	157	25.2	4.5	24.3	16.9	42.9
	Leptin levels (ng/ml)	156	5.5	5.6	4.1	0.0	35.7	157	20.9	16.6	16.1	0.9	110.0
	Age (yrs)	273	66.7	7.1	66.1	55.2	88.7	279	69.2	7.6	69.4	55.1	90.8
RSI	BMI (kg/m²)	268	25.7	2.8	25.8	18.4	35.3	272	26.8	4.6	26.0	18.2	59.5
	Leptin levels (ng/ml)	273	5.6	4.5	4.0	0.4	25.2	281	17.9	13.1	15.0	0.7	61.4
	Age (yrs)	410	50.5	14.1	51.0	22.0	80.0	545	50.0	13.3	50.0	20.0	81.0
SHIP-TREND	BMI (kg/m²)	410	28.1	3.7	28.0	19.2	43.9	545	27.0	5.1	26.3	18.5	53.7
	Leptin levels (ng/ml)	410	7.4	5.6	6.2	1.0	43.1	545	21.8	15.7	18.0	1.9	165.0
TwinsUK	Age (yrs)	-	-	-	-	-	-	1015	48.8	11.2	49.1	18.4	73.5

Diabetes Page 48 of 93

	BMI (kg/m²)	-	-	-	-	-	-	1015	25.2	4.5	24.3	15.1	46.0
	Leptin levels (ng/ml)	-	-	-	-	-	-	1015	16.9	12.0	13.6	1.1	79.4
	Age (yrs)	-	-	-	-	-	-	789	58.8	8.5	58.0	45.0	87.0
WGHS	BMI (kg/m²)	-	-	-	-	-	-	789	25.9	4.7	25.0	14.6	49.9
	Leptin levels (ng/ml)	-	-	-	-	-	-	789	22.8	16.9	19.1	1.4	145.0
	Age (yrs)	-	-	-	-	-	-	1901	68.3	6.4	69.0	50.0	79.0
WHI EA	BMI (kg/m²)	-	-	-	-	-	-	1901	27.7	6.6	26.5	15.7	159.8
	Leptin levels (ng/ml)	-	-	-	-	-	-	1901	20.9	18.6	16.2	0.2	148.8
	Age (yrs)	-	-	-	-	-	-	468	65.5	6.8	66.0	50.0	79.0
WHI AA	BMI (kg/m²)	-	-	-	-	-	-	468	30.2	7.7	29.1	17.2	141.0
	Leptin levels (ng/ml)	-	-	-	-	-	-	468	33.0	20.4	29.1	2.1	117.2
	Age (yrs)	759	32	5	33	24	39	922	32.1	5	33	24	39
YFS	BMI (kg/m²)	755	25.7	4	25.1	15.7	47.8	919	24.4	4.6	23.5	15.7	47.2
	Leptin levels (ng/ml)	759	5.4	4.2	4.3	0.8	32.1	922	15.2	9.7	13	1.5	63.3

^{*} only report descrptives for the individuals included in each of the analyses

CHS NOTE: For age and BMI, I included all individuals who are included in one or more of the analyses

CHS NOTE: For leptin and adiponectin, I included all individuals in the biggest analysis (not adjusted for fat percentage or BMI)

Page 49 of 93 Diabetes

Table S3. Information on genotyping methods, quality control of SNPs, imputation, and statistical analysis for ExomeChip study cohorts

			Principal co	mponents	Inclusio	on criteria			Association analyses		
Cohort	Genotyping Array	Genotype calling algorithm	Software	SNPs used from GWAS/ExomeCHIP/AI MS/Other	MAF	Call rate*	<i>P</i> -value for HWE	SNPs that met QC criteria	Polymorphic SNPs in meta- analysis	Analyses software	
ARIC	Illumina ExomeChip V1.0	GenTrain 2.0 clustering algorithm	Eigensoft v3.0	Exomchip (MAF>5%)	≥ 0%	≥ 95%	> 10 ⁻⁶	237898 **	163,162 (EA)	rvtests	
CHS EA and AA	Illumina ExomeChip V1.0		R	ExomeChip	> 0%	≥ 97%	No filter	227061		raremetalworker	
CLHNS	Affymetrix 500K	Birdseed v2	МАСН	GWAS/ExomeCHIP	≥ 0%	≥95%	> 10 ⁻⁶	2304702	28,560,246	mach2QTL	
Ely	Illumina HumanCoreExom e	GenCall	PLINK	GWAS	>0%	>95%	> 5x10 ⁻⁶	231349	231349	RAREMETALWORKER	
ERF study	Illumina HumanExome chip v1.1	GenomeStudio v1.9. and zCall			>5%	>95%	> 10 ⁻⁵		240017	rvtests	
FAMHS	Illumina Human Exome 12v1.0 BeadChip	Genome Studio via central CHARGE-S genotyping	EIGENSTR AT	GWAS	≥0%	≥ 98%	> 10 ⁻⁶	237373		raremetalworker	
Fenland- CE	Illumina HumanCoreExom e	GenCall	PLINK v1.9beta	GWAS	>0%	>95%	> 10 ⁻⁶	1508325 9	234201	RAREMETALWORKER	
Fenland- Exomechi p	Illumina ExomeChip v1.0	Gencall + zcall	PLINK v1.07	ExomeChip	≥ 0%	>=97%	> 10 ⁻⁶	241979	240859	RAREMETALWORKER	
FHS	Illumina Infinium HumanExome BeadChip v1.0	Illumina issued cluster file HumanExome-12v1.egt + zCall + CHARGE best practices and joint calling	EIGENSOF T	GWAS	≥ 0%	≥ 97%	No filter	237767		raremetalworker	

Diabetes Page 50 of 93

FINRISK 1997	Illumina HumanHap 610k		PLINK	ExomeCHIP	> 0%	≥ 90%	> 10-6	509376	495420	rvtests
FINRISK 2007	Illumina HumanHap 610k		PLINK	ExomeCHIP	> 0%	≥ 90%	> 10 ⁻⁶	509376	495420	rvtests
НАВС АА	Illumina ExomeChip V1.0	CHARGE protocol	eignestrat	AIMs	≥ 0%	>95%	> 10 ⁻⁶	228554	228554	rvtests
HABC EA	Illumina ExomeChip V1.0	CHARGE protocol	eignestrat	AIMs	≥ 0%	>95%	> 10-6	228565	228565	rvtests
Inter99	Illumina HumanExome- 12v1	GenCall + Zcall	PLINK	AIM SNPs for outlier detection, ExomeCHIP fo adjustment	> 0%	≥ 98%	> 10-4	137187	137187	RMW
JHS	Illumina ExomeChip V1.0	CHARGE joint calling (Illumina GenomeStudio v2011.1 software was utilized with the GenTrain 2.0 clustering algorithm)	Eigenstrat smartpca	Bi-allelic ExomeChip SNPs with MAF > 0.05, HWE p > 0.000001, callrate > 99%, pruned to be pairwise independent with r = 0.3 in plink.	> 0%	≥ 95%	No filter	137716		rvtests
KORA	Illumina ExomeChip V1.0	GeneCall + Zcall (CHARGE Protocol)	genomest udio	ExomeCHIP	> 0%	≥98%	≥10 ⁻⁸	1409	247868	rvtests
Leipzig- adults	Illumina HumanExome- 12v1_A	GeneCall + Zcall (Oxford Protocol)	PLINK	ExomeCHIP MAF>1%	> 0%	≥ 99%	> 10-4	231460		RareMetalWorker
MESA CAU, CHN, AFA, and HIS	Illumina Exome Chip v1.0	Illumina GenomeStudio2011.1	EIGENSTR AT	ExomeCHIP	> 0%	≥ 90%	> 10-6	238876	238876	rvtests
NEO Study	Illumina HumanCoreExom eChip-24V1.0	GeneCall (SOP v5)	PLINK	Based on LD prune	> 0%	≥ 98%	> 10-6	209874	209874	rvtests
OMICS- Fenland	Affymetrix Axiom UKBiobank	Axiom GT1	PLINK v1.9beta	GWAS	> 0%	≥ 95%	> 10 ⁻⁶	719871	58240	RAREMETALWORKE R

Page 51 of 93 Diabetes

PIVUS	Illumina HumanExome- 12v1_A	GeneCall + Zcall (Oxford Protocol)	plink/MDS	AIMS	> 0%	≥ 99%	> 10-4	233149		raremetalworker
RAINE Study	Illuminia HumanExome- 12v1_A	Illumina GenomeStudio GenTrain Clustering algorithm + zCall	EIGENSOF T - smartpca	AIMS	>0%	>=95%	> 10-4	240806	240062	rvtests
RISC	Illumina Human Exome Beadchip v1	GenCall followed by zCall	PLINK	ExomeCHIP	≥ 0%	0.99	> 10-4	236875	236871	RMW
RSI	Illumina ExomeChip V1.1	GeneCall + Zcall (CHARGE Protocol)	PLINK	GWAS	>0%	≥ 90%	> 10-6	237766	109402	rvtests
SHIP- TREND	Illumina ExomeChip V1.0	GeneCall (CHARGE JointCalling Clusterfile)	Illumina GenomeSt udio v2011.1	AIMs	> 0%	≥ 98% (together with SHIP)	> 10 ⁻⁶	238205		raremetalworker
TwinsUK	Illumina12v1-1_A	GeneCall	Plink	GWAS	> 0%	≥ 90%	> 10 ⁻⁶	222804		raremetalworker 4.13.6
WGHS	Illumina HumanExome Beadchip v.1.1A	genomeStudio + zCall	EIGENSTR AT	GWAS	≥ 0%	>95%	> 10-6	235667	234710	raremetal
WHI	Illumina Human Exome BeadChip v1.0	GenomeStudio v2010.3	SNPRelate	ExomeCHIP	> 0%	≥ 90%	> 10-6	246470	246,303	rvtests
YFS	Illumina CoreExome v1.0b	GenCall	PLINK	ExomeCHIP	> 0%	≥ 95%	> 10 ⁻⁶	238194	237,852	rvtest

^{*} Call rate to exclude SNPs for which less than a certain percentage of individuals were successfully genotyped (i.e. to exclude 'bad' SNPs)

^{**} Includes monomorphic SNPs

Diabetes Page 52 of 93

Table S4. Single-variant results in all statistical models for the leptin-associated loci

SNP	Nearest Gene	EA	OA	EAF	Beta	SE	P value	N
Leptin / Additive / .	All ancestries							
rs1121980	FTO	А	G	0.424	0.050	0.006	9.4E-16	56,802
rs2340550	ACTL9	G	Α	0.696	-0.005	0.007	4.6E-01	54,433
rs13389219	COBLL1	Т	С	0.410	0.048	0.007	1.0E-12	50,386
rs1260326	GCKR	С	Т	0.624	0.035	0.006	4.9E-08	56,802
rs900399	CCNL1	G	Α	0.389	-0.036	0.007	2.5E-08	50,386
rs3799260	KLHL31	Т	С	0.822	-0.023	0.008	3.7E-03	56,802
rs62621812	ZNF800	А	G	0.028	-0.097	0.018	8.0E-08	56,802
rs791600	LEP	А	G	0.422	-0.048	0.007	2.7E-13	49,371
rs17151919	LEP	А	G	0.007	-0.259	0.040	1.3E-10	49,111
rs972283	KLF14	G	Α	0.551	-0.038	0.006	6.0E-10	56,802
Leptin / Additive /	European							
rs1121980	FTO	A	G	0.432	0.055	0.007	7.7E-17	49,909
rs2340550	ACTL9	G	Α	0.685	-0.008	0.007	2.8E-01	48,008
rs13389219	COBLL1	Т	С	0.394	0.046	0.007	7.3E-11	43,493
rs1260326	GCKR	С	Т	0.607	0.032	0.007	1.7E-06	49,909
rs900399	CCNL1	G	Α	0.396	-0.033	0.007	2.4E-06	43,493
rs3799260	KLHL31	Т	С	0.818	-0.024	0.008	3.8E-03	49,909
rs62621812	ZNF800	A	G	0.031	-0.098	0.018	8.2E-08	49,909
rs791600	LEP	A	G	0.411	-0.043	0.007	1.4E-09	42,478
rs17151919	LEP	А	G	0.000	0.134	0.261	6.1E-01	44,474
rs972283	KLF14	G	Α	0.521	-0.041	0.006	1.1E-10	49,909
Leptin / Additive / .	All ancestries / Men							
rs1121980	FTO	А	G	0.433	0.075	0.009	9.7E-16	23,861
rs2340550	ACTL9	G	Α	0.693	-0.027	0.010	7.5E-03	23,861
rs13389219	COBLL1	Т	С	0.417	0.059	0.010	9.6E-09	20,822
rs1260326	GCKR	С	Т	0.625	0.028	0.010	4.1E-03	23,861
rs900399	CCNL1	G	А	0.387	-0.030	0.010	2.8E-03	20,822
rs3799260	KLHL31	Т	С	0.819	-0.007	0.012	5.7E-01	23,861
rs62621812	ZNF800	А	G	0.029	-0.100	0.027	2.6E-04	23,861
rs791600	LEP	A	G	0.406	-0.035	0.010	4.4E-04	20,822

Page 53 of 93 Diabetes

rs17151919	LEP	А	G	0.006	-0.310	0.066	3.1E-06	22,153
rs972283	KLF14	G	Α	0.544	-0.036	0.009	1.3E-04	23,861
Leptin / Additive / E	uropean / Men							
rs1121980	FTO	A	G	0.433	0.077	0.010	1.8E-15	21,921
rs2340550	ACTL9	G	Α	0.684	-0.029	0.010	5.9E-03	21,921
rs13389219	COBLL1	Т	С	0.395	0.057	0.011	7.0E-08	18,882
rs1260326	GCKR	С	Т	0.608	0.026	0.010	8.4E-03	21,921
rs900399	CCNL1	G	Α	0.395	-0.026	0.011	1.5E-02	18,882
rs3799260	KLHL31	Т	С	0.819	-0.007	0.012	5.6E-01	21,921
rs62621812	ZNF800	А	G	0.031	-0.100	0.027	2.7E-04	21,921
rs791600	LEP	А	G	0.410	-0.032	0.010	2.0E-03	18,882
rs17151919	LEP	А	G	0.000	0.155	0.349	6.6E-01	20,213
rs972283	KLF14	G	А	0.522	-0.037	0.010	1.1E-04	21,921
Leptin / Additive / A	ll ancestries / Women							
rs1121980	FTO	А	G	0.417	0.035	0.008	1.5E-05	32,940
rs2340550	ACTL9	G	Α	0.697	0.010	0.009	2.5E-01	30,571
rs13389219	COBLL1	Т	С	0.405	0.040	0.009	5.6E-06	29,563
rs1260326	GCKR	С	Т	0.624	0.043	0.008	2.1E-07	32,940
rs900399	CCNL1	G	Α	0.391	-0.049	0.008	6.2E-09	29,563
rs3799260	KLHL31	Т	С	0.825	-0.041	0.010	5.6E-05	32,940
rs62621812	ZNF800	А	G	0.027	-0.102	0.024	2.2E-05	32,940
rs791600	LEP	A	G	0.434	-0.060	0.009	2.9E-12	28,548
rs17151919	LEP	А	G	0.007	-0.233	0.049	1.8E-06	26,957
rs972283	KLF14	G	Α	0.555	-0.043	0.008	6.5E-08	32,940
Leptin / Additive / E	uropean / Women							
rs1121980	FTO	A	G	0.431	0.044	0.009	6.2E-07	27,987
rs2340550	ACTL9	G	Α	0.685	0.007	0.010	4.6E-01	26,086
rs13389219	COBLL1	Т	С	0.392	0.038	0.009	6.1E-05	24,610
rs1260326	GCKR	С	Т	0.606	0.040	0.009	6.0E-06	27,987
rs900399	CCNL1	G	Α	0.397	-0.048	0.009	2.5E-07	24,610
rs3799260	KLHL31	Т	С	0.818	-0.043	0.011	8.9E-05	27,987
rs62621812	ZNF800	А	G	0.032	-0.103	0.024	2.1E-05	27,987
rs791600	LEP	А	G	0.413	-0.054	0.009	8.3E-09	23,595
rs17151919	LEP	А	G	0.000	-0.039	0.380	9.2E-01	24,260

Diabetes Page 54 of 93

Г							I	1
rs972283	KLF14	G	Α	0.521	-0.048	0.009	1.6E-08	27,987
Leptin / Recessive / Ali	ancestries							
rs1121980	FTO	Α	G	0.424	0.071	0.011	1.1E-10	56,802
rs2340550	ACTL9	G	Α	0.696	-0.006	0.009	4.6E-01	54,433
rs13389219	COBLL1	Т	С	0.410	0.062	0.012	3.2E-07	50,386
rs1260326	GCKR	С	Т	0.624	0.046	0.009	2.3E-07	56,802
rs900399	CCNL1	G	Α	0.389	-0.042	0.012	6.4E-04	50,386
rs3799260	KLHL31	Т	С	0.822	-0.029	0.009	1.5E-03	56,802
rs62621812	ZNF800	Α	G	0.021	-0.037	0.124	7.7E-01	56,802
rs791600	LEP	Α	G	0.422	-0.074	0.012	6.9E-10	49,371
rs17151919	LEP	Α	G	0.007	-0.527	0.190	5.6E-03	49,111
rs972283	KLF14	G	Α	0.551	-0.049	0.009	2.5E-07	56,802
Leptin / Recessive / Eu	ropean							
rs1121980	FTO	Α	G	0.432	0.078	0.012	3.2E-11	49,909
rs2340550	ACTL9	G	Α	0.685	-0.011	0.009	2.5E-01	48,008
rs13389219	COBLL1	Т	С	0.394	0.061	0.013	4.5E-06	43,493
rs1260326	GCKR	С	Т	0.607	0.041	0.009	1.2E-05	49,909
rs900399	CCNL1	G	Α	0.396	-0.036	0.013	6.6E-03	43,493
rs3799260	KLHL31	Т	С	0.818	-0.031	0.010	1.3E-03	49,909
rs62621812	ZNF800	Α	G	0.023	-0.037	0.124	7.7E-01	49,909
rs791600	LEP	Α	G	0.411	-0.070	0.013	5.8E-08	42,478
rs17151919	LEP	Α	G	0.000	NA	NA	NA	44,474
rs972283	KLF14	G	Α	0.521	-0.054	0.010	9.5E-08	49,909
Leptin / Recessive / All	ancestries / Men							
rs1121980	FTO	Α	G	0.433	0.096	0.017	8.5E-09	23,861
rs2340550	ACTL9	G	Α	0.693	-0.031	0.013	1.7E-02	23,861
rs13389219	COBLL1	Т	С	0.417	0.085	0.019	7.0E-06	20,822
rs1260326	GCKR	С	Т	0.625	0.031	0.014	2.4E-02	23,861
rs900399	CCNL1	G	А	0.387	-0.029	0.019	1.3E-01	20,822
rs3799260	KLHL31	Т	С	0.819	-0.014	0.014	3.3E-01	23,861
rs62621812	ZNF800	Α	G	0.021	-0.067	0.192	7.3E-01	23,861
rs791600	LEP	А	G	0.406	-0.065	0.019	4.6E-04	20,822
rs17151919	LEP	А	G	0.005	-0.725	0.260	5.3E-03	22,153
rs972283	KLF14	G	А	0.544	-0.050	0.015	6.0E-04	23,861

Page 55 of 93 Diabetes

Leptin / Recessive / Eu	ropean / Men							
rs1121980	FTO	Α	G	0.433	0.100	0.017	7.6E-09	21,921
rs2340550	ACTL9	G	Α	0.684	-0.035	0.014	1.1E-02	21,921
rs13389219	COBLL1	Т	С	0.395	0.080	0.020	7.1E-05	18,882
rs1260326	GCKR	С	Т	0.608	0.027	0.014	6.0E-02	21,921
rs900399	CCNL1	G	Α	0.395	-0.023	0.020	2.6E-01	18,882
rs3799260	KLHL31	Т	С	0.819	-0.015	0.014	2.9E-01	21,921
rs62621812	ZNF800	Α	G	0.023	-0.067	0.192	7.3E-01	21,921
rs791600	LEP	А	G	0.410	-0.065	0.019	8.7E-04	18,882
rs17151919	LEP	Α	G	0.000	NA	Inf	NA	20,213
rs972283	KLF14	G	Α	0.522	-0.052	0.015	5.6E-04	21,921
Leptin / Recessive / All	ancestries / Women							
rs1121980	FTO	Α	G	0.417	0.058	0.015	6.8E-05	32,940
rs2340550	ACTL9	G	Α	0.697	0.011	0.012	3.6E-01	30,571
rs13389219	COBLL1	Т	С	0.405	0.052	0.016	9.4E-04	29,563
rs1260326	GCKR	С	Т	0.624	0.059	0.012	3.9E-07	32,940
rs900399	CCNL1	G	Α	0.391	-0.061	0.016	1.5E-04	29,563
rs3799260	KLHL31	Т	С	0.825	-0.047	0.012	8.4E-05	32,940
rs62621812	ZNF800	Α	G	0.019	-0.149	0.162	3.6E-01	32,940
rs791600	LEP	Α	G	0.434	-0.088	0.016	1.9E-08	28,548
rs17151919	LEP	Α	G	0.007	-0.195	0.280	4.9E-01	26,957
rs972283	KLF14	G	Α	0.555	-0.055	0.012	8.5E-06	32,940
Leptin / Recessive / Eu	ropean / Women	_						
rs1121980	FTO	А	G	0.431	0.068	0.016	1.4E-05	27,987
rs2340550	ACTL9	G	Α	0.685	0.006	0.013	6.5E-01	26,086
rs13389219	COBLL1	Т	С	0.392	0.055	0.018	2.1E-03	24,610
rs1260326	GCKR	С	Т	0.606	0.055	0.013	1.3E-05	27,987
rs900399	CCNL1	G	Α	0.397	-0.057	0.017	9.9E-04	24,610
rs3799260	KLHL31	Т	С	0.818	-0.049	0.013	1.5E-04	27,987
rs62621812	ZNF800	Α	G	0.022	-0.149	0.162	3.6E-01	27,987
rs791600	LEP	Α	G	0.413	-0.083	0.017	1.8E-06	23,595
rs17151919	LEP	А	G	0.000	NA	NA	NA	24,260
rs972283	KLF14	G	Α	0.521	-0.062	0.014	5.6E-06	27,987
LeptinAdjBMI / Additiv	e / All ancestries							

Diabetes Page 56 of 93

rs1121980	FTO	Α	G	0.424	0.003	0.006	5.7E-01	56,708
rs2340550	ACTL9	G	Α	0.695	-0.014	0.007	3.2E-02	54,339
rs13389219	COBLL1	Т	С	0.410	0.053	0.007	3.0E-15	50,297
rs1260326	GCKR	С	Т	0.624	0.050	0.006	2.7E-15	56,708
rs900399	CCNL1	G	Α	0.389	-0.041	0.007	5.2E-10	50,297
rs3799260	KLHL31	Т	С	0.822	-0.036	0.008	4.0E-06	56,708
rs62621812	ZNF800	Α	G	0.028	-0.127	0.018	2.0E-12	56,708
rs791600	LEP	Α	G	0.422	-0.066	0.007	1.1E-23	49,282
rs17151919	LEP	Α	G	0.007	-0.333	0.040	1.5E-16	49,034
rs972283	KLF14	G	Α	0.550	-0.053	0.006	6.3E-18	56,708
LeptinAdjBMI / Additiv	e / European							
rs1121980	FTO	Α	G	0.432	0.005	0.007	4.5E-01	49,830
rs2340550	ACTL9	G	Α	0.685	-0.016	0.007	2.6E-02	47,929
rs13389219	COBLL1	Т	С	0.394	0.053	0.007	1.1E-13	43,419
rs1260326	GCKR	С	Т	0.607	0.048	0.007	4.3E-13	49,830
rs900399	CCNL1	G	Α	0.396	-0.040	0.007	9.2E-09	43,419
rs3799260	KLHL31	Т	С	0.818	-0.038	0.008	3.8E-06	49,830
rs62621812	ZNF800	Α	G	0.031	-0.127	0.018	2.8E-12	49,830
rs791600	LEP	Α	G	0.411	-0.063	0.007	5.4E-19	42,404
rs17151919	LEP	Α	G	0.000	-0.187	0.261	4.7E-01	44,401
rs972283	KLF14	G	Α	0.521	-0.056	0.006	3.8E-18	49,830
LeptinAdjBMI / Additiv	e / All ancestries / Men							
rs1121980	FTO	Α	G	0.433	0.028	0.009	2.6E-03	23,822
rs2340550	ACTL9	G	Α	0.693	-0.050	0.010	8.5E-07	23,822
rs13389219	COBLL1	Т	С	0.417	0.052	0.010	3.8E-07	20,787
rs1260326	GCKR	С	Т	0.624	0.043	0.010	8.4E-06	23,822
rs900399	CCNL1	G	Α	0.387	-0.036	0.010	4.3E-04	20,787
rs3799260	KLHL31	Т	С	0.819	-0.023	0.012	6.0E-02	23,822
rs62621812	ZNF800	А	G	0.029	-0.148	0.027	7.0E-08	23,822
rs791600	LEP	А	G	0.406	-0.054	0.010	6.8E-08	20,787
rs17151919	LEP	А	G	0.006	-0.399	0.066	1.2E-09	22,119
rs972283	KLF14	G	Α	0.544	-0.045	0.009	1.8E-06	23,822
LeptinAdjBMI / Additiv	e / European / Men							
rs1121980	FTO	А	G	0.433	0.026	0.010	6.4E-03	21,883

Page 57 of 93 Diabetes

rs2340550	ACTL9	G	Α	0.684	-0.053	0.010	4.1E-07	21,883
rs13389219	COBLL1	Т	С	0.395	0.048	0.011	5.2E-06	18,848
rs1260326	GCKR	С	Т	0.608	0.042	0.010	2.1E-05	21,883
rs900399	CCNL1	G	Α	0.395	-0.033	0.011	2.1E-03	18,848
rs3799260	KLHL31	Т	С	0.819	-0.025	0.012	4.3E-02	21,883
rs62621812	ZNF800	Α	G	0.031	-0.146	0.028	1.1E-07	21,883
rs791600	LEP	Α	G	0.410	-0.049	0.010	2.5E-06	18,848
rs17151919	LEP	Α	G	0.000	-0.225	0.352	5.2E-01	20,180
rs972283	KLF14	G	Α	0.522	-0.048	0.010	4.8E-07	21,883
LeptinAdjBMI / Additive	/ All ancestries / Women							
rs1121980	FTO	Α	G	0.417	-0.013	0.008	1.2E-01	32,886
rs2340550	ACTL9	G	Α	0.697	0.007	0.009	4.2E-01	30,517
rs13389219	COBLL1	Т	С	0.405	0.052	0.009	2.0E-09	29,510
rs1260326	GCKR	С	Т	0.624	0.059	0.008	6.2E-13	32,886
rs900399	CCNL1	G	Α	0.391	-0.054	0.008	1.2E-10	29,510
rs3799260	KLHL31	Т	С	0.825	-0.055	0.010	1.0E-07	32,886
rs62621812	ZNF800	Α	G	0.027	-0.125	0.024	2.2E-07	32,886
rs791600	LEP	Α	G	0.434	-0.079	0.009	4.1E-20	28,495
rs17151919	LEP	Α	G	0.007	-0.291	0.050	5.7E-09	26,915
rs972283	KLF14	G	Α	0.555	-0.063	0.008	3.7E-15	32,886
LeptinAdjBMI / Additive	/ European / Women							
rs1121980	FTO	Α	G	0.431	-0.009	0.009	3.2E-01	27,947
rs2340550	ACTL9	G	Α	0.685	0.008	0.009	4.1E-01	26,046
rs13389219	COBLL1	Т	С	0.392	0.055	0.009	3.8E-09	24,571
rs1260326	GCKR	С	Т	0.606	0.057	0.009	9.4E-11	27,947
rs900399	CCNL1	G	Α	0.398	-0.058	0.009	3.4E-10	24,571
rs3799260	KLHL31	Т	С	0.818	-0.057	0.011	2.2E-07	27,947
rs62621812	ZNF800	Α	G	0.032	-0.126	0.024	1.9E-07	27,947
rs791600	LEP	А	G	0.413	-0.080	0.009	2.9E-17	23,556
rs17151919	LEP	А	G	0.000	-0.310	0.375	4.1E-01	24,221
rs972283	KLF14	G	А	0.521	-0.066	0.009	1.3E-14	27,947
LeptinAdjBMI / Recessive	e / All ancestries							
rs1121980	FTO	Α	G	0.424	0.000	0.011	9.8E-01	56,708
rs2340550	ACTL9	G	А	0.695	-0.014	0.009	9.8E-02	54,339

Diabetes Page 58 of 93

rs13389219	COBLL1	Т	С	0.410	0.080	0.012	7.0E-11	50,297
rs1260326	GCKR	С	Т	0.624	0.057	0.009	1.8E-10	56,708
rs900399	CCNL1	G	Α	0.389	-0.057	0.012	4.3E-06	50,297
rs3799260	KLHL31	Т	С	0.822	-0.044	0.009	1.7E-06	56,708
rs62621812	ZNF800	А	G	0.021	-0.145	0.124	2.4E-01	56,708
rs791600	LEP	А	G	0.422	-0.099	0.012	2.4E-16	49,282
rs17151919	LEP	Α	G	0.007	-0.795	0.190	2.9E-05	49,034
rs972283	KLF14	G	Α	0.550	-0.071	0.009	6.1E-14	56,708
LeptinAdjBMI / Recessive	e / European							
rs1121980	FTO	А	G	0.432	-0.005	0.012	6.8E-01	49,830
rs2340550	ACTL9	G	Α	0.685	-0.018	0.009	5.7E-02	47,929
rs13389219	COBLL1	Т	С	0.394	0.081	0.013	1.4E-09	43,419
rs1260326	GCKR	С	Т	0.607	0.053	0.009	1.9E-08	49,830
rs900399	CCNL1	G	Α	0.396	-0.054	0.013	3.8E-05	43,419
rs3799260	KLHL31	Т	С	0.818	-0.047	0.010	1.3E-06	49,830
rs62621812	ZNF800	А	G	0.023	-0.145	0.124	2.4E-01	49,830
rs791600	LEP	А	G	0.411	-0.099	0.013	2.7E-14	42,404
rs17151919	LEP	А	G	0.000	NA	Inf	NA	44,401
rs972283	KLF14	G	Α	0.521	-0.079	0.010	8.0E-15	49,830
LeptinAdjBMI / Recessive	All ancestries / Men							
rs1121980	FTO	Α	G	0.433	0.024	0.017	1.6E-01	23,822
rs2340550	ACTL9	G	Α	0.693	-0.065	0.013	6.5E-07	23,822
rs13389219	COBLL1	Т	С	0.417	0.082	0.019	1.4E-05	20,787
rs1260326	GCKR	С	Т	0.624	0.046	0.014	7.9E-04	23,822
rs900399	CCNL1	G	Α	0.387	-0.036	0.019	6.2E-02	20,787
rs3799260	KLHL31	Т	С	0.819	-0.030	0.014	2.9E-02	23,822
rs62621812	ZNF800	А	G	0.021	-0.293	0.192	1.3E-01	23,822
rs791600	LEP	Α	G	0.406	-0.095	0.019	4.2E-07	20,787
rs17151919	LEP	А	G	0.005	-0.942	0.258	2.5E-04	22,119
rs972283	KLF14	G	А	0.544	-0.058	0.015	6.2E-05	23,822
LeptinAdjBMI / Recessive	e / European / Men							
rs1121980	FTO	А	G	0.433	0.021	0.017	2.2E-01	21,883
rs2340550	ACTL9	G	А	0.684	-0.071	0.014	2.0E-07	21,883
rs13389219	COBLL1	Т	С	0.395	0.072	0.020	3.3E-04	18,848

Page 59 of 93 Diabetes

rs1260326	GCKR	С	T	0.608	0.045	0.014	1.6E-03	21,883
rs900399	CCNL1	G	Α	0.395	-0.032	0.020	1.1E-01	18,848
rs3799260	KLHL31	Т	С	0.819	-0.034	0.015	2.0E-02	21,883
rs62621812	ZNF800	Α	G	0.023	-0.293	0.192	1.3E-01	21,883
rs791600	LEP	Α	G	0.410	-0.092	0.019	2.1E-06	18,848
rs17151919	LEP	А	G	0.000	NA	NA	NA	20,180
rs972283	KLF14	G	Α	0.522	-0.065	0.015	2.0E-05	21,883
LeptinAdjBMI / Recess	ive / All ancestries / Women							
rs1121980	FTO	Α	G	0.417	-0.016	0.015	2.6E-01	32,886
rs2340550	ACTL9	G	Α	0.697	0.016	0.012	1.8E-01	30,517
rs13389219	COBLL1	Т	С	0.405	0.080	0.016	4.3E-07	29,510
rs1260326	GCKR	С	Т	0.624	0.068	0.012	4.4E-09	32,886
rs900399	CCNL1	G	Α	0.391	-0.083	0.016	2.3E-07	29,510
rs3799260	KLHL31	Т	С	0.825	-0.063	0.012	1.3E-07	32,886
rs62621812	ZNF800	Α	G	0.019	-0.241	0.162	1.4E-01	32,886
rs791600	LEP	А	G	0.434	-0.112	0.016	5.7E-13	28,495
rs17151919	LEP	А	G	0.007	-0.570	0.284	4.5E-02	26,915
rs972283	KLF14	G	Α	0.555	-0.086	0.012	2.5E-12	32,886
LeptinAdjBMI / Recess	ive / All ancestries / Women							
rs1121980	FTO	Α	G	0.431	-0.022	0.015	1.5E-01	27,947
rs2340550	ACTL9	G	Α	0.685	0.015	0.012	2.3E-01	26,046
rs13389219	COBLL1	Т	С	0.392	0.093	0.018	1.7E-07	24,571
rs1260326	GCKR	С	Т	0.606	0.062	0.013	7.0E-07	27,947
rs900399	CCNL1	G	Α	0.398	-0.085	0.017	9.2E-07	24,571
rs3799260	KLHL31	Т	С	0.818	-0.066	0.013	2.2E-07	27,947
rs62621812	ZNF800	А	G	0.022	-0.241	0.162	1.4E-01	27,947
rs791600	LEP	А	G	0.413	-0.118	0.017	1.4E-11	23,556
rs17151919	LEP	А	G	0.000	NA	NA	NA	24,221
rs972283	KLF14	G	А	0.521	-0.096	0.014	1.4E-12	27,947

Diabetes Page 60 of 93

Table S5. Comparison of BMI-adjusted and BMI-unadjusted results for leptin associated loci

SNP	Chr	Position	Gene	Meta-analysis	Annotation	EA	OA	Beta	Beta	SE AdjBMI	SE	P AdjBMI	Р	N AdjBMI	N
Novel loci								AdjBMI		Aujbivii		Aujbivii		Aujbivii	
Novel loci															
rs3799260	6	53519605	KLHL31	Additive / All ancestries /Women	missense	С	Т	0.055	0.041	0.010	0.010	1.0E-07	5.6E-05	32,886	32,940
rs62621812	7	127015083	ZNF800	Additive / All ancestries	missense	G	Α	0.127	0.097	0.018	0.018	2.0E-12	8.0E-08	56,708	56,802
rs17151919	7	127894592	LEP	Additive / All ancestries	missense	G	Α	0.333	0.259	0.040	0.040	1.5E-16	1.1E-10	49,034	49,111
rs972283	7	130466854	KLF14	Additive / European	intergenic	Α	G	0.056	0.041	0.006	0.006	3.8E-18	1.1E-10	49,830	49,909
rs2340550	19	8808942	ACTL9	Recessive / European / Men	missense	А	G	0.071	0.035	0.014	0.014	2.0E-07	1.1E-02	21,883	21,921
Previously ide	ntified lo	oci				•	•								
rs1260326	2	27730940	GCKR	Additive / All ancestries	missense	С	Т	0.050	0.035	0.006	0.006	2.7E-15	4.9E-08	56,708	56,802
rs13389219	2	165528876	COBLL1	Additive / All ancestries	intronic	Т	С	0.053	0.048	0.007	0.007	3.0E-15	1.0E-12	50,297	50,386
rs900399	3	156798732	CCNL1	Additive / All ancestries /Women	intergenic	А	G	0.054	0.049	0.008	0.008	1.2E-10	6.2E-09	29,510	29,563
rs791600	7	127865816	LEP	Additive / All ancestries	intergenic	G	Α	0.066	0.048	0.007	0.007	1.1E-23	2.7E-13	49,282	49,371
rs1121980	16	53809247	FTO	Additive / European	intronic	Α	G	0.005	0.055	0.007	0.007	4.5E-01	7.7E-17	49,830	49,909

The chromosomal positions are based on hg19.

Chr, chromosome; EA, Effect allele; OA, Other allele; EAF, Effect allele frequency; LeptinAdjBMI, leptin adjusted for body mass index

Page 61 of 93 Diabetes

Table S6. Examination of collider bias with BMI among the exome-array significant loci associated with leptin adjusted for BMI

Locus	MarkerName	EA	EAF	xL	pL	xLadjB	pLadjB	xLadjBa	хВ	рВ
FTO	rs1121980	А	0.4316428	0.05486291	7.71E-17	0.004952214	4.47E-01	0.04153	0.07481	6.70E-225
ACTL9*	rs2340550	G	0.6846579	-0.007649348	2.79E-01	-0.01562951	2.62E-02	-0.01394	0.00345	1.51E-01
COBLL1	rs13389219	Т	0.3938886	0.04618875	7.30E-11	0.05254237	1.13E-13	0.05871	0.01261	8.16E-08
GCKR	rs1260326	С	0.6070448	0.03182518	1.71E-06	0.04773787	4.32E-13	0.04993	0.00449	5.24E-02
CCNL1	rs900399	G	0.3961604	-0.03304733	2.43E-06	-0.04024503	9.25E-09	-0.04198	-0.00355	1.24E-01
KLHL31*	rs3799260	Т	0.8183081	-0.02397769	3.79E-03	-0.03820487	3.83E-06	-0.03499	0.00657	1.71E-02
ZNF800	rs62621812	А	0.03142557	-0.09769461	8.18E-08	-0.1273454	2.80E-12	-0.11685	0.02147	1.24E-03
LEP	rs791600	А	0.4110841	-0.04264698	1.36E-09	-0.06262022	5.35E-19	-0.06034	0.00466	4.54E-02
LEP*	rs17151919	А	0.000166917	0.1342779	6.07E-01	-0.1868478	4.73E-01	-0.18299	0.00789	9.20E-01
KLF14	rs972283	G	0.5211696	-0.04137304	1.12E-10	-0.05554037	3.84E-18	-0.05942	-0.00793	2.68E-04

xL, Effect size for leptin

pL, P value for leptin

xLadjB, Effect size for leptin adjusted for BMI

pLadjB, P value for leptin adjusted for BMI

xLadjBa, Corrected effect size for leptin adjusted for BMI

xB, Effect size for BMI

pB, P value for BMI

^{*} The ACTL9, KLHL31, and LEP rs17151919 loci reached array-wide significance (P<2x10⁻⁷) in meta-analyses of European-ancestry men (recessive model), all-ancestry women, and African-ancestry men and women combined, respectively. The results shown are from meta-analyses of European ancestry individuals only.

Diabetes Page 62 of 93

Table S7. Ancestry-specific results for the Val94Met (rs17151919) missense variant in LEP

Ancestry	Trait	Chr:Position	EA	OA	N	EAF	N_{GG}	N _{GA+AG}	N _{AA}	beta	se	Pvalue	12
All	LeptinAdjBMI	7:127894592	A (Met94)	G (Val94)	49034	0.0067	40075	609	28	-0.333	0.040	1.53E-16	76%
European	LeptinAdjBMI	7:127894592	A (Met94)	G (Val94)	44401	0.0002	36065	15	0	-0.187	0.261	4.73E-01	0%
African	LeptinAdjBMI	7:127894592	A (Met94)	G (Val94)	3901	0.0800	3302	571	27	-0.343	0.042	2.40E-16	94%
Hispanic	LeptinAdjBMI	7:127894592	A (Met94)	G (Val94)	488	0.0221	464	23	1	-0.209	NA	2.85E-01	NA
East Asian	LeptinAdjBMI	7:127894592	A (Met94)	G (Val94)	244	NA	NA	NA	NA	NA	NA	NA	NA

EA, effect allele; OA, other allele; EAF, effect allele frequency

Page 63 of 93 Diabetes

Table S8. Gene-based results in all statistical models for leptin-associated genes

NTD1	Gene	Method	N	P value	beta	se	N variants
NTD1	Leptin / Additive / A	All ancestries					
NTD1	CNTD1	SKAT broad	49,597	9.1E-04	0.350	0.094	6
NTD1	CNTD1	SKAT strict	48,582	7.0E-02	1.043	0.330	1
ONAICIB SKAT broad 56,013 2.2E-02 0.062 0.057 7 ONAICIB SKAT strict 49,597 5.1E-05 0.466 0.135 2 ONAICIB VT broad 56,013 4.3E-03 0.323 0.096 5 ONAICIB VT broad 56,013 4.3E-03 0.323 0.096 5 ONAICIB VT broad 45,597 1.1E-03 0.466 0.135 2 eptin / Additive / European EVTD1 SKAT broad 42,704 1.4E-05 0.580 0.126 5 EVTD1 SKAT strict NA	CNTD1	VT broad	49,597	3.9E-06	0.746	0.149	4
ONAICIB SKAT strict 49,597 5.1E-05 0.466 0.135 2 ONAICIB VT broad 56,013 4.3E-03 0.323 0.096 5 ONAICIB VT strict 49,597 1.1E-03 0.466 0.135 2 eeptin / Additive / European Property Strict 49,597 1.1E-03 0.466 0.135 2 ENTD1 SKAT broad 42,704 1.4E-05 0.580 0.126 5 ENTD1 SKAT strict NA NA NA NA NA NA ENTD1 VT broad 42,704 1.1E-05 0.720 0.153 4 ENTD1 VT strict NA NA NA NA NA NA ENTD1 VT strict 49,120 3.1E-02 0.045 0.060 7 ENAICIB VT broad 49,120 8.4E-03 0.360 0.112 5 ENAICIB VT strict 42,704 1.3E-03 0.478 0.140<	CNTD1	VT strict	48,582	7.0E-02	1.043	0.330	1
### AURICIAN VT broad 56,013 4.3E-03 0.323 0.096 5 5 5 5 5 5 5 5 5	DNAJC18	SKAT broad	56,013	2.2E-02	0.062	0.057	7
### PANAICIS VT strict 49,597 1.1E-03 0.466 0.135 2 #### PANAICIS VT strict 49,597 1.1E-03 0.466 0.135 2 #### PANAICIS Eptin / Additive / European #### PANAICIS VT strict NA	DNAJC18	SKAT strict	49,597	5.1E-05	0.466	0.135	2
eptin / Additive / European ENTD SKAT broad 42,704 1.4E-05 0.580 0.126 5 ENTD SKAT strict NA	DNAJC18	VT broad	56,013	4.3E-03	0.323	0.096	5
NTD1	DNAJC18	VT strict	49,597	1.1E-03	0.466	0.135	2
NATD1	Leptin / Additive / E	uropean					
### APPLIED INTO I VT broad 42,704 1.1E-05 0.720 0.153 4 ####################################	CNTD1	SKAT broad	42,704	1.4E-05	0.580	0.126	5
NATD1 VT strict NA	CNTD1	SKAT strict	NA	NA	NA	NA	NA
DNAJC18 SKAT broad 49,120 3.1E-02 0.045 0.060 7 DNAJC18 SKAT strict 42,704 5.3E-05 0.478 0.140 2 DNAJC18 VT broad 49,120 8.4E-03 0.360 0.112 5 DNAJC18 VT strict 42,704 1.3E-03 0.478 0.140 2 EPDIA / Additive / All ancestries / Men CNTD1 SKAT broad 20,822 2.0E-05 0.580 0.137 5 ENTD1 SKAT broad 20,822 2.0E-05 0.580 0.137 5 ENTD1 VT broad 20,822 6.4E-06 1.026 0.209 3 ENTD1 VT strict NA NA NA NA NA ENTD1 VT strict NA NA NA NA NA ENAJC18 SKAT strict 20,822 2.0E-01 0.034 0.223 2 ENAJC18 VT broad 23,861 3.4E-01 -0.569 0.360	CNTD1	VT broad	42,704	1.1E-05	0.720	0.153	4
DNAJC18 SKAT strict 42,704 5.3E-05 0.478 0.140 2 DNAJC18 VT broad 49,120 8.4E-03 0.360 0.112 5 DNAJC18 VT strict 42,704 1.3E-03 0.478 0.140 2 EPITI / Additive / All ancestries / Men CNTD1 SKAT broad 20,822 2.0E-05 0.580 0.137 5 ENTD1 SKAT strict NA NA NA NA NA ENTD1 VT broad 20,822 6.4E-06 1.026 0.209 3 ENTD1 VT strict NA NA NA NA NA ENTD1 VT strict NA NA NA NA NA ENTD1 VT strict 20,822 2.0E-01 -0.061 0.086 6 ENAJC18 VT broad 23,861 3.4E-01 -0.569 0.360 2 ENAJC18 VT strict 20,822 1.3E-01 -0.896 0.499 1	CNTD1	VT strict	NA	NA	NA	NA	NA
DNAJC18 VT broad 49,120 8.4E-03 0.360 0.112 5 DNAJC18 VT strict 42,704 1.3E-03 0.478 0.140 2 eptin / Additive / All ancestries / Men CNTD1 SKAT broad 20,822 2.0E-05 0.580 0.137 5 CNTD1 SKAT strict NA NA NA NA NA CNTD1 VT broad 20,822 6.4E-06 1.026 0.209 3 CNTD1 VT strict NA NA NA NA NA DNAJC18 SKAT broad 23,861 5.3E-01 -0.061 0.086 6 DNAJC18 SKAT strict 20,822 2.0E-01 0.034 0.223 2 DNAJC18 VT broad 23,861 3.4E-01 -0.569 0.360 2 DNAJC18 VT strict 20,822 1.3E-01 -0.896 0.499 1 eptin / Additive / European / Men ENTD1 SKAT broad 1	DNAJC18	SKAT broad	49,120	3.1E-02	0.045	0.060	7
DNAJC18 VT strict 42,704 1.3E-03 0.478 0.140 2 eptin / Additive / All ancestries / Men CNTD1 SKAT broad 20,822 2.0E-05 0.580 0.137 5 CNTD1 SKAT strict NA NA NA NA NA CNTD1 VT broad 20,822 6.4E-06 1.026 0.209 3 CNTD1 VT strict NA NA NA NA NA CNTD1 VT strict NA NA NA NA NA CNAJC18 SKAT broad 23,861 5.3E-01 -0.061 0.086 6 CNAJC18 VT broad 23,861 3.4E-01 -0.569 0.360 2 CNAJC18 VT strict 20,822 1.3E-01 -0.896 0.499 1 Exptin / Additive / European / Men 20,822 1.3E-07 0.898 0.165 5 CNTD1 SKAT strict NA NA NA NA NA	DNAJC18	SKAT strict	42,704	5.3E-05	0.478	0.140	2
Peptin / Additive / All ancestries / Men SKAT broad 20,822 2.0E-05 0.580 0.137 5 SKAT broad 20,822 2.0E-05 0.580 0.137 5 SKAT strict NA NA NA NA NA NA NA NA SWATD1 VT broad 20,822 6.4E-06 1.026 0.209 3 SWATD1 VT strict NA SWAJC18 SKAT broad 23,861 5.3E-01 -0.061 0.086 6 SWAJC18 SKAT strict 20,822 2.0E-01 0.034 0.223 2 SWAJC18 VT broad 23,861 3.4E-01 -0.569 0.360 2 SWAJC18 VT strict 20,822 1.3E-01 -0.896 0.499 1 SEPTIN / Additive / European / Men SWATD1 SKAT broad 18,882 1.3E-07 0.898 0.165 5 SWATD1 SKAT strict NA	DNAJC18	VT broad	49,120	8.4E-03	0.360	0.112	5
CNTD1 SKAT broad 20,822 2.0E-05 0.580 0.137 5 CNTD1 SKAT strict NA	DNAJC18	VT strict	42,704	1.3E-03	0.478	0.140	2
CNTD1 SKAT strict NA	Leptin / Additive / A	All ancestries / Men					
CNTD1 VT broad 20,822 6.4E-06 1.026 0.209 3 CNTD1 VT strict NA	CNTD1	SKAT broad	20,822	2.0E-05	0.580	0.137	5
NADC NADC NADC NADC NADC NACC NACC NACC	CNTD1	SKAT strict	NA	NA	NA	NA	NA
DNAJC18 SKAT broad 23,861 5.3E-01 -0.061 0.086 6 DNAJC18 SKAT strict 20,822 2.0E-01 0.034 0.223 2 DNAJC18 VT broad 23,861 3.4E-01 -0.569 0.360 2 DNAJC18 VT strict 20,822 1.3E-01 -0.896 0.499 1 eptin / Additive / European / Men ENTD1 SKAT broad 18,882 1.3E-07 0.898 0.165 5 ENTD1 SKAT strict NA NA NA NA NA ENTD1 VT broad 18,882 1.4E-07 0.898 0.165 5	CNTD1	VT broad	20,822	6.4E-06	1.026	0.209	3
DNAJC18 SKAT strict 20,822 2.0E-01 0.034 0.223 2 DNAJC18 VT broad 23,861 3.4E-01 -0.569 0.360 2 DNAJC18 VT strict 20,822 1.3E-01 -0.896 0.499 1 Exprin / Additive / European / Men 5 5 5 5 5 ENTD1 SKAT broad 18,882 1.3E-07 0.898 0.165 5 ENTD1 SKAT strict NA NA NA NA NA ENTD1 VT broad 18,882 1.4E-07 0.898 0.165 5	CNTD1	VT strict	NA	NA	NA	NA	NA
DNAJC18 VT broad 23,861 3.4E-01 -0.569 0.360 2 DNAJC18 VT strict 20,822 1.3E-01 -0.896 0.499 1 eptin / Additive / European / Men ENTD1 SKAT broad 18,882 1.3E-07 0.898 0.165 5 ENTD1 SKAT strict NA NA NA NA NA ENTD1 VT broad 18,882 1.4E-07 0.898 0.165 5	DNAJC18	SKAT broad	23,861	5.3E-01	-0.061	0.086	6
DNAJC18 VT strict 20,822 1.3E-01 -0.896 0.499 1 eptin / Additive / European / Men CNTD1 SKAT broad 18,882 1.3E-07 0.898 0.165 5 CNTD1 SKAT strict NA NA NA NA NA CNTD1 VT broad 18,882 1.4E-07 0.898 0.165 5	DNAJC18	SKAT strict	20,822	2.0E-01	0.034	0.223	2
eptin / Additive / European / Men CNTD1 SKAT broad 18,882 1.3E-07 0.898 0.165 5 CNTD1 SKAT strict NA NA NA NA NA CNTD1 VT broad 18,882 1.4E-07 0.898 0.165 5	DNAJC18	VT broad	23,861	3.4E-01	-0.569	0.360	2
CNTD1 SKAT broad 18,882 1.3E-07 0.898 0.165 5 CNTD1 SKAT strict NA NA NA NA NA CNTD1 VT broad 18,882 1.4E-07 0.898 0.165 5	DNAJC18	VT strict	20,822	1.3E-01	-0.896	0.499	1
CNTD1 SKAT strict NA NA NA NA NA NA CNTD1 VT broad 18,882 1.4E-07 0.898 0.165 5	Leptin / Additive / E	European / Men					
CNTD1 VT broad 18,882 1.4E-07 0.898 0.165 5	CNTD1	SKAT broad	18,882	1.3E-07	0.898	0.165	5
	CNTD1	SKAT strict	NA	NA	NA	NA	NA
CNTD1 VT strict NA NA NA NA NA	CNTD1	VT broad	18,882	1.4E-07	0.898	0.165	5
	CNTD1	VT strict	NA	NA	NA	NA	NA

Diabetes

Page 64 of 93

DNAJC18	SKAT broad	21,921	5.3E-01	-0.059	0.087	6
DNAJC18	SKAT strict	18,882	2.0E-01	0.034	0.223	2
DNAJC18	VT broad	21,921	6.4E-01	-0.566	0.446	2
DNAJC18	VT strict	18,882	1.3E-01	-0.896	0.499	1
Leptin / Additive / /	All ancestries / Women					
CNTD1	SKAT broad	29,563	5.5E-01	0.178	0.123	6
CNTD1	SKAT strict	28,548	7.3E-02	0.981	0.297	1
CNTD1	VT broad	29,563	3.2E-02	0.553	0.211	4
CNTD1	VT strict	28,548	7.3E-02	0.981	0.297	1
DNAJC18	SKAT broad	32,940	1.3E-02	0.151	0.075	7
DNAJC18	SKAT strict	29,563	1.9E-05	0.717	0.166	2
DNAJC18	VT broad	32,940	5.8E-04	0.452	0.117	5
DNAJC18	VT strict	29,563	3.3E-05	0.717	0.166	2
Leptin / Additive / I	European / Women					
CNTD1	SKAT broad	24,610	2.7E-01	0.233	0.188	5
CNTD1	SKAT strict	NA	NA	NA	NA	NA
CNTD1	VT broad	24,610	1.3E-01	0.478	0.240	4
CNTD1	VT strict	NA	NA	NA	NA	NA
DNAJC18	SKAT broad	27,987	1.9E-02	0.132	0.081	6
DNAJC18	SKAT strict	24,610	1.3E-05	0.767	0.177	2
DNAJC18	VT broad	27,987	8.1E-04	0.557	0.146	4
DNAJC18	VT strict	24,610	2.8E-05	0.767	0.177	2
LeptinAdjBMI / Add	ditive / All ancestries					
CNTD1	SKAT broad	49,508	4.6E-02	0.242	0.093	6
CNTD1	SKAT strict	48,493	9.1E-02	0.969	0.330	1
CNTD1	VT broad	49,508	9.0E-04	0.560	0.149	4
CNTD1	VT strict	48,493	9.1E-02	0.969	0.330	1
DNAJC18	SKAT broad	55,919	4.3E-03	0.083	0.057	7
DNAJC18	SKAT strict	49,508	1.2E-07	0.485	0.136	2
DNAJC18	VT broad	55,919	1.8E-02	0.279	0.096	5
DNAJC18	VT strict	49,508	7.1E-04	0.485	0.136	2
LeptinAdjBMI / Add	ditive / European					
CNTD1	SKAT broad	42,630	3.8E-03	0.430	0.126	5
CNTD1	SKAT strict	NA	NA	NA	NA	NA
CNTD1	VT broad	42,630	2.0E-03	0.525	0.153	4

Page 65 of 93 Diabetes

CNTD1	VT strict	NA	NA	NA	NA	NA
DNAJC18	SKAT broad	49,041	8.4E-03	0.063	0.060	7
DNAJC18	SKAT strict	42,630	2.3E-07	0.474	0.141	2
DNAJC18	VT broad	49,041	6.4E-02	0.286	0.113	5
DNAJC18	VT strict	42,630	1.6E-03	0.474	0.141	2
LeptinAdjBMI / Additive /	All ancestries / Men					
CNTD1	SKAT broad	20,787	7.1E-02	0.313	0.138	5
CNTD1	SKAT strict	NA	NA	NA	NA	NA
CNTD1	VT broad	20,787	1.5E-02	0.606	0.210	3
CNTD1	VT strict	NA	NA	NA	NA	NA
DNAJC18	SKAT broad	23,822	2.6E-01	-0.124	0.086	6
DNAJC18	VT broad	23,822	1.6E-01	-0.713	0.359	2
DNAJC18	SKAT strict	20,787	9.6E-02	0.036	0.223	2
DNAJC18	VT strict	20,787	4.2E-02	-1.138	0.498	1
LeptinAdjBMI / Additive /	European / Men					
CNTD1	SKAT broad	18,848	7.4E-03	0.565	0.165	5
CNTD1	SKAT strict	NA	NA	NA	NA	NA
CNTD1	VT broad	18,848	2.6E-03	0.565	0.165	5
CNTD1	VT strict	NA	NA	NA	NA	NA
DNAJC18	SKAT broad	21,883	2.6E-01	-0.109	0.087	6
DNAJC18	SKAT strict	18,848	9.6E-02	0.036	0.223	2
DNAJC18	VT broad	21,883	2.5E-01	-0.838	0.446	2
DNAJC18	VT strict	18,848	4.2E-02	-1.138	0.498	1
LeptinAdjBMI / Additive /	All ancestries / Women					
CNTD1	SKAT broad	29,510	3.0E-01	0.238	0.124	6
CNTD1	SKAT strict	28,495	7.7E-02	0.972	0.305	1
CNTD1	VT broad	29,510	1.3E-02	0.620	0.212	4
CNTD1	VT strict	28,495	7.7E-02	0.972	0.305	1
DNAJC18	SKAT broad	32,886	7.6E-04	0.234	0.075	7
DNAJC18	SKAT strict	29,510	5.5E-08	0.757	0.169	2
DNAJC18	VT broad	32,886	4.4E-04	0.460	0.118	5
DNAJC18	VT strict	29,510	1.5E-05	0.757	0.169	2
LeptinAdjBMI / Additive /	European / Women					
CNTD1	SKAT broad	24,571	1.7E-01	0.373	0.186	5
CNTD1	SKAT strict	NA	NA	NA	NA	NA

Diabetes Page 66 of 93

CNTD1	VT broad	24,571	6.3E-02	0.554	0.239	4	
CNTD1	VT strict	NA	NA	NA	NA	NA	
DNAJC18	SKAT broad	27,947	2.4E-03	0.207	0.081	6	
DNAJC18	SKAT strict	24,571	7.9E-08	0.774	0.179	2	
DNAJC18	VT broad	27,947	4.1E-03	0.496	0.147	4	
DNAJC18	VT strict	24,571	3.2E-05	0.774	0.179	2	

Page 67 of 93 Diabetes

Table S9. Association of the leptin-decreasing Met94 allele of *LEP* Val94Met (rs1715919) with BMI z-score in African-ancestry children from the CHOP cohort.

Age Bin	N	Allele freq.	Beta	SE	P
2	2726	0.089	0.079	0.055	0.153
3	2570	0.089	0.123	0.056	0.029
4	2572	0.093	0.160	0.054	0.003
5	2381	0.089	0.154	0.060	0.010
6	2030	0.091	0.204	0.066	0.002
7	1769	0.092	0.143	0.070	0.041
8	1583	0.092	0.029	0.074	0.694
9	1476	0.099	0.017	0.078	0.824
10	1446	0.095	0.017	0.080	0.832
11	1500	0.095	-0.004	0.079	0.964
12	1455	0.096	-0.036	0.075	0.631
13	1460	0.101	-0.007	0.075	0.928
14	1417	0.104	0.004	0.074	0.959
15	1355	0.099	0.048	0.077	0.537
16	1287	0.093	-0.006	0.081	0.937
17	1098	0.102	0.055	0.087	0.527
18	451	0.085	-0.009	0.135	0.946

Diabetes Page 68 of 93

Table S10. Association of the leptin-decreasing C allele of rs10487505 near *LEP* with BMI z-score in a metaanalysis of African-ancestry and European ancestry children from the CHOP cohort.

Age Bin	N	Allele freq.	Beta	SE	P	
2	3681	0.462	0.033	0.026	0.203	
3	3618	0.467	0.026	0.026	0.334	
4	3681	0.469	0.058	0.026	0.027	
5	3557	0.471	-0.002	0.027	0.929	
6	3166	0.473	-0.044	0.029	0.132	
7	2869	0.469	-0.006	0.031	0.835	
8	2711	0.465	-0.021	0.032	0.504	
9	2571	0.465	-0.035	0.033	0.290	
10	2608	0.468	-0.033	0.033	0.317	
11	2705	0.462	-0.028	0.032	0.380	
12	2685	0.454	-0.021	0.032	0.502	
13	2697	0.459	0.004	0.031	0.898	
14	2679	0.454	-0.027	0.032	0.389	
15	2604	0.451	-0.009	0.031	0.777	
16	2463	0.458	0.012	0.033	0.719	
17	2130	0.465	-0.004	0.036	0.917	
18	663	0.456	-0.003	0.062	0.959	

Page 69 of 93 Diabetes

Table S11. Predicted change in leptin protein stability upon the Val94Met change (Val73Met in the mature leptin protein) in the amino acid sequence

Tool	Protein (PDB-ID)	WT/MT	Chain	Overall stability	Predicted ΔΔG
CUPSAT	LEP (1AX8)	VAL/MET	Α	Decreased	-0.22
I-Mutant v2.0	LEP (1AX8)	VAL/MET	А	Decreased	
SDM	LEP (1AX8)	VAL/MET	А	Decreased	-0.72

Diabetes Page 70 of 93

Table S12. Colocalization of METSIM subcutaneous adipose tissue eQTLs at GWAS loci for leptin

									GWAS variant association with expression level Lead eSNP association with expression level									
SNP	Chr	Position	MAF	Probeset	Allele 1 / EA	Allele 2	eQTL gene	Beta initial	P _{initial}	Beta conditional	P conditional	Lead eSNP	Allele 1/ Allele 2	Beta initial	P _{initial}	Beta conditional	P conditional	LD r ²
rs62621812	7	127,015,083	0.06	11736419_a_at	G	А	ZNF800	-0.871	2.40E-16	0.000	3.18E-01	rs62621812	A/G	0.871	2.40E-16	0.000	3.2E-01	1.00
rs972283	7	130,466,854	0.45	11737563_at	А	G	KLF14	0.233	4.14E-06	-0.322	4.46E-01	rs6467315	G/C	-0.238	2.26E-06	-0.552	1.9E-01	0.98
rs1260326	2	27,730,940	0.36	11729870_x_at	С	Т	EMILIN1	-0.230	9.22E-06	0.166	5.23E-01	rs780094	C/T	-0.240	3.33E-06	-0.407	1.1E-01	0.96
rs900399	3	156,798,732	0.32	11717399_a_at	А	G	TIPARP	-0.905	2.99E-72	-0.213	1.57E-01	rs13322435	G/A	0.922	9.57E-77	0.715	2.0E-06	0.91

LD r2 calculated using 770 METSIM samples (Finnish males) included in eQTL data

A1 (column E) is the leptin raising allele from the Exome Chip analysis. A1 is also the effect allele for the effect sizes listed in columns H and J. Allele 1 in column O is the effect allele for the effect in columns O/Q. FDR<1% (P < 2.37 x 10⁻⁴)

Page 71 of 93 Diabetes

Table S13. PASCAL gene set enrichment analysis results for leptin unadjusted for BMI using coding variants only.

(A) Leptin not adjusted for BMI, European, additive model, sex-combined analysis. Coding variants included. SUM method used (Bonferroni correction for 1000 gene sets and 2 traits: P<2.5E-05 for both chi2Pvalue and empPvalue)

Tot both chizi value and chipi value)							
Name	chi2Pvalue	empPvalue	Annotation				
GO:2000243	1.30E-04	8.80E-05	positive regulation of reproductive process				
MP:0005501	3.40E-04	0.000284	abnormal skin physiology				
ENSG00000204713	4.31E-04	0.000389	TRIM27 PPI subnetwork				
ENSG00000112448	4.31E-04	0.000397	ENSG00000112448 PPI subnetwork				
ENSG00000215641	4.31E-04	0.000404	TRIM27 PPI subnetwork				
GO:0032769	4.85E-04	0.000335	negative regulation of monooxygenase activity				
MP:0002769	5.05E-04	0.000492	abnormal vas deferens morphology				
ENSG00000008853	8.38E-04	0.000432	RHOBTB2 PPI subnetwork				
ENSG00000081019	9.58E-04	0.00058	RSBN1 PPI subnetwork				
GO:0072527	1.37E-03	9.70E-04	pyrimidine-containing compound metabolic process				
ENSG00000143344	1.56E-03	0.00076	RGL1 PPI subnetwork				

(B) Leptin not adjusted for BMI, European, additive model, sex-combined analysis. Coding variants included. MAX method used (Bonferroni correction for 1000 gene sets and 2 traits: P<2.5E-05 for both chi2Pvalue and empPvalue)

Name	chi2Pvalue	empPvalue	Annotation
GO:2000243	1.53E-05	1.59E-05	positive regulation of reproductive process
ENSG00000143344	4.85E-04	1.56E-04	RGL1 PPI subnetwork
ENSG00000215641	1.95E-04	1.69E-04	TRIM27 PPI subnetwork
ENSG00000204713	1.95E-04	1.94E-04	TRIM27 PPI subnetwork
ENSG00000112448	1.95E-04	1.96E-04	ENSG00000112448 PPI subnetwork
MP:0002769	2.23E-04	2.33E-04	abnormal vas deferens morphology
GO:0032769	2.57E-04	2.93E-04	negative regulation of monooxygenase activity
ENSG00000074211	3.57E-04	4.03E-04	PPP2R2C PPI subnetwork
ENSG00000008853	1.30E-03	4.40E-04	RHOBTB2 PPI subnetwork
ENSG00000169682	6.59E-04	5.50E-04	SPNS1 PPI subnetwork
ENSG00000081019	8.20E-04	5.60E-04	RSBN1 PPI subnetwork
GO:0004715	7.77E-04	5.70E-04	non-membrane spanning protein tyrosine kinase activity
GO:0010458	7.32E-04	6.00E-04	exit from mitosis
ENSG0000090054	2.10E-03	9.00E-04	SPTLC1 PPI subnetwork
ENSG00000113578	6.06E-04	9.50E-04	FGF1 PPI subnetwork
MP:0008347	1.09E-03	9.70E-04	decreased gamma-delta T cell number

Diabetes Page 72 of 93

Table S14. PASCAL gene set enrichment analysis for leptin adjusted for BMI using coding variants only.

(A) Leptin adjusted for BMI, European, additive model, sex-combined analysis. Coding variants included. SUM method used (Bonferroni correction for 1000 gene sets and 2 traits: P<2.5E-05 for both chi2Pyalue and empPyalue)

05 for both chi2Pvalue and empPvalue)			
Name	chi2Pvalue	empPvalue	Pathway/Gene-set
ENSG00000175575	3.69E-05	7.90E-06	TRIM39PPI subnetwork
ENSG00000204599	3.69E-05	7.90E-06	PAAF1 PPI subnetwork
ENSG00000206495	3.69E-05	8.80E-06	ENSG00000206419 PPI subnetwork
ENSG00000206419	3.69E-05	1.03E-05	ENSG00000105972 PPI subnetwork
ENSG00000105972	7.14E-05	1.13E-05	mitochondrial large ribosomal subunit
GO:0005762	1.62E-04	2.66E-05	organellar large ribosomal subunit
GO:0000315	1.62E-04	2.76E-05	KLF1 PPI subnetwork
ENSG00000105610	1.96E-04	2.78E-05	negative regulation of monooxygenase activity
GO:0032769	1.58E-04	5.20E-05	BCL10 PPI subnetwork
ENSG00000142867	6.84E-05	6.10E-05	CHD2 PPI subnetwork
ENSG00000173575	1.20E-04	6.20E-05	UBE3B PPI subnetwork
ENSG00000151148	6.91E-05	6.70E-05	abnormal skin physiology
MP:0005501	8.97E-05	6.70E-05	CCDC33 PPI subnetwork
ENSG00000140481	3.61E-04	9.70E-05	abnormal cell migration
ENSG00000198925	1.53E-04	2.13E-04	HSPA12A PPI subnetwork
MP:0003091	2.13E-04	1.59E-04	SV2A PPI subnetwork
ENSG00000159164	5.38E-04	1.61E-04	MTHFD1L PPI subnetwork
ENSG00000120254	4.09E-04	1.75E-04	REACTOME_REGULATION_OF_ACTIVATED_PAK:2P34_BY_PROTEASOME_ MEDIATED_DEGRADATION
REACTOME_REGULATION_OF_ACTIVATED_PAK:2P34_BY_PROTEASOME_ MEDIATED_DEGRADATION	3.32E-04	1.79E-04	ATG9A PPI subnetwork
ENSG00000165868	7.61E-04	2.16E-04	ENO2 PPI subnetwork
ENSG00000178363	2.21E-04	4.50E-04	EEF1A2 PPI subnetwork
ENSG00000111674	8.97E-04	2.31E-04	RHOBTB2 PPI subnetwork
ENSG00000008853	6.23E-04	2.49E-04	exit from mitosis
GO:0010458	5.32E-04	2.67E-04	ZNF462 PPI subnetwork
ENSG00000148143	8.18E-04	2.78E-04	TOP2B PPI subnetwork
ENSG0000077097	5.67E-04	2.82E-04	RSBN1 PPI subnetwork
ENSG0000081019	6.96E-04	3.13E-04	HLA-G PPI subnetwork
ENSG00000204632	1.21E-03	3.16E-04	ENSG00000206443 PPI subnetwork
ENSG00000206443	1.21E-03	3.21E-04	HLA-G PPI subnetwork
ENSG0000206506	1.21E-03	3.22E-04	acanthosis

MP:0001874	3.68E-04	3.41E-04	REACTOME_AUTODEGRADATION_OF_CDH1_BY_CDH1APCC
REACTOME_AUTODEGRADATION_OF_CDH1_BY_CDH1APCC	5.20E-04	3.43E-04	SBF1 PPI subnetwork
ENSG00000100241	9.96E-04	3.67E-04	ENSG00000206413 PPI subnetwork
ENSG00000206413	1.46E-03	3.75E-04	NIPSNAP1 PPI subnetwork
ENSG00000184117	1.14E-03	3.78E-04	abnormal CD4-positive T cell differentiation
MP:0008076	7.62E-04	3.81E-04	HLA-E PPI subnetwork
ENSG00000206493	1.46E-03	3.85E-04	REACTOME_P53:INDEPENDENT_G1S_DNA_DAMAGE_CHECKPOINT
REACTOME_P53:INDEPENDENT_G1S_DNA_DAMAGE_CHECKPOINT	8.27E-04	4.13E-04	ZNF317 PPI subnetwork
ENSG00000130803	5.25E-04	4.35E-04	REACTOME_P53:INDEPENDENT_DNA_DAMAGE_RESPONSE
REACTOME_P53:INDEPENDENT_DNA_DAMAGE_RESPONSE	8.27E-04	4.40E-04	PDE1A PPI subnetwork
ENSG00000198838	4.45E-04	5.70E-04	TOMM34 PPI subnetwork
ENSG00000115252	1.34E-03	4.46E-04	FNBP1 PPI subnetwork
ENSG00000187239	1.01E-03	4.47E-04	CALML3 PPI subnetwork
ENSG00000101210	5.88E-04	4.50E-04	REACTOME_MYD88_DEPENDENT_CASCADE_INITIATED_ON_ENDOSOME
REACTOME_MYD88_DEPENDENT_CASCADE_INITIATED_ON_ENDOSOME	8.42E-04	4.55E-04	REACTOME_UBIQUITIN_MEDIATED_DEGRADATION_OF_PHOSPHORYLATE D_CDC25A
REACTOME_UBIQUITIN_MEDIATED_DEGRADATION_OF_PHOSPHORYLATE D_CDC25A	8.27E-04	4.62E-04	cellular defense response
GO:0006968	9.97E-04	4.76E-04	macrolide binding
GO:0005527	6.63E-04	4.91E-04	REACTOME_TOLL_LIKE_RECEPTOR_78_TLR78_CASCADE
REACTOME_TOLL_LIKE_RECEPTOR_78_TLR78_CASCADE	8.42E-04	5.10E-04	RPN1 PPI subnetwork
ENSG00000163902	1.62E-03	5.10E-04	FK506 binding
GO:0005528	6.63E-04	5.20E-04	ARID5B PPI subnetwork
ENSG00000150347	7.60E-04	5.20E-04	SEC31A PPI subnetwork
ENSG00000138674	1.23E-03	5.20E-04	SEPT3 PPI subnetwork
ENSG00000100167	1.37E-03	5.20E-04	ROGDI PPI subnetwork
ENSG00000067836	1.31E-03	5.30E-04	NAPB PPI subnetwork
MP:0004957	5.34E-04	8.00E-04	DCLK1 PPI subnetwork
ENSG00000125814	1.34E-03	5.50E-04	ADARB2 PPI subnetwork
ENSG00000185736	8.02E-04	5.60E-04	abnormal cardinal vein morphology
MP:0004783	1.81E-03	5.60E-04	RYR3 PPI subnetwork
ENSG00000025772	1.35E-03	5.80E-04	columnar/cuboidal epithelial cell differentiation
GO:0002065	1.43E-03	5.90E-04	RTN3 PPI subnetwork
ENSG00000133318	1.50E-03	6.00E-04	LIN7B PPI subnetwork
ENSG00000104863	1.80E-03	6.00E-04	AMOTL1 PPI subnetwork
ENSG00000166025	1.02E-03	6.10E-04	REACTOME_UBIQUITIN:DEPENDENT_DEGRADATION_OF_CYCLIN_D1
REACTOME_UBIQUITIN:DEPENDENT_DEGRADATION_OF_CYCLIN_D1	1.62E-03	6.10E-04	USP11 PPI subnetwork

Diabetes Page 74 of 93

ENSG00000102226	1.28E-03	6.20E-04	ATP2B1 PPI subnetwork			
ENSG0000070961	9.08E-04	6.50E-04	ENSG0000186979 PPI subnetwork			
ENSG00000186979	9.97E-04	6.70E-04	ZNF174 PPI subnetwork			
ENSG00000103343	1.81E-03	6.90E-04	REACTOME_ANTIGEN_PRESENTATION_FOLDING_ASSEMBLY_AND_PEPTI DE_LOADING_OF_CLASS_I_MHC			
REACTOME_ANTIGEN_PRESENTATION_FOLDING_ASSEMBLY_AND_PEPTI DE_LOADING_OF_CLASS_I_MHC	1.25E-03	7.10E-04	abnormal vascular development			
MP:0000259	1.29E-03	7.10E-04	KIF21A PPI subnetwork			
ENSG00000139116	1.80E-03	7.70E-04	REACTOME_CDK:MEDIATED_PHOSPHORYLATION_AND_REMOVAL_OF_C DC6			
REACTOME_CDK:MEDIATED_PHOSPHORYLATION_AND_REMOVAL_OF_C DC6	1.59E-03	7.90E-04	testis tumor			
MP:0006262	1.72E-03	7.90E-04	abnormal blastocyst morphology			
ENSG00000133083	2.15E-03	8.40E-04	APPBP2 PPI subnetwork			
ENSG00000062725	1.08E-03	8.60E-04	PDE1B PPI subnetwork			
ENSG00000123360	1.95E-03	8.60E-04	abnormal body weight			
MP:0001259	1.22E-03	8.70E-04	REACTOME_REGULATION_OF_MRNA_STABILITY_BY_PROTEINS_THAT_BI ND_AU:RICH_ELEMENTS			
REACTOME_REGULATION_OF_MRNA_STABILITY_BY_PROTEINS_THAT_BI ND_AU:RICH_ELEMENTS	1.13E-03	8.90E-04	REACTOME_APCCCDC20_MEDIATED_DEGRADATION_OF_SECURIN			
REACTOME_APCCCDC20_MEDIATED_DEGRADATION_OF_SECURIN	1.33E-03	8.90E-04	STXBP5 PPI subnetwork			
ENSG00000164506	1.05E-03	9.10E-04	embryonic digestive tract morphogenesis			
GO:0048557	1.86E-03	9.10E-04	REACTOME_DESTABILIZATION_OF_MRNA_BY_AUF1_HNRNP_D0			
REACTOME_DESTABILIZATION_OF_MRNA_BY_AUF1_HNRNP_D0	1.94E-03	9.10E-04	HLA-F PPI subnetwork			
ENSG00000204642	2.31E-03	9.50E-04	REACTOME_ACTIVATED_TLR4_SIGNALLING			
REACTOME_ACTIVATED_TLR4_SIGNALLING	1.92E-03	9.60E-04	REACTOME_UBIQUITIN:DEPENDENT_DEGRADATION_OF_CYCLIN_D			
REACTOME_UBIQUITIN:DEPENDENT_DEGRADATION_OF_CYCLIN_D	1.62E-03	9.90E-04	REACTOME_ACTIVATION_OF_CHAPERONES_BY_IRE1ALPHA			
REACTOME_ACTIVATION_OF_CHAPERONES_BY_IRE1ALPHA	2.20E-03	9.90E-04	CAMK1 PPI subnetwork			
ENSG00000134072	3.14E-03	9.90E-04	COPE PPI subnetwork			
(B) Leptin adjusted for BMI, European, additive model, sex-combined analysis. Coding variants included. MAX method used (Bonferroni correction for 1000 gene sets and 2 traits: P<2.5E-05 for both chi2Pvalue and empPvalue)						
Name	chi2Pvalue	empPvalue	Pathway/Gene-set			
GO:0032769	6.37E-05	1.93E-05	negative regulation of monooxygenase activity			
MP:0005501	3.04E-05	4.62E-05	abnormal skin physiology			
ENSG00000206495	1.68E-04	4.71E-05	TRIM39 PPI subnetwork			
ENSG00000204599	1.68E-04	5.40E-05	TRIM39 PPI subnetwork			
ENSG00000206419	1.68E-04	6.00E-05	ENSG00000206419 PPI subnetwork			
ENSG00000198925	7.30E-05	9.60E-05	ATG9A PPI subnetwork			
ENSG00000105972	3.12E-04	1.70E-04	ENSG00000105972 PPI subnetwork			
MP:0003091	3.86E-04	1.87E-04	abnormal cell migration			
ENSG00000142867	8.77E-04	3.36E-04	BCL10 PPI subnetwork			

Page 75 of 93 Diabetes

GO:0033273	3.51E-04	5.01E-04	response to vitamin
ENSG00000163902	1.19E-03	4.91E-04	RPN1 PPI subnetwork
ENSG00000138674	1.06E-03	5.09E-04	SEC31A PPI subnetwork
GO:0002065	1.32E-03	6.10E-04	columnar/cuboidal epithelial cell differentiation
ENSG00000120254	9.48E-04	6.40E-04	MTHFD1L PPI subnetwork
REACTOME_TOLL_LIKE_RECEPTOR_78_TLR78_CASCADE	1.39E-03	6.40E-04	REACTOME_TOLL_LIKE_RECEPTOR_78_TLR78_CASCADE
REACTOME_MYD88_DEPENDENT_CASCADE_INITIATED_ON_ENDOSOME	1.39E-03	6.40E-04	REACTOME_MYD88_DEPENDENT_CASCADE_INITIATED_ON_ENDOSOME
ENSG00000165699	2.08E-03	7.60E-04	TSC1 PPI subnetwork
ENSG00000164506	1.09E-03	7.80E-04	STXBP5 PPI subnetwork
ENSG00000185825	1.38E-03	9.00E-04	BCAP31 PPI subnetwork
GO:0071299	2.22E-03	9.80E-04	cellular response to vitamin A

Diabetes Page 76 of 93

SUPPLEMENTARY INFORMATION

Yaghootkar H, Zhang Y, Spracklen CN, Karaderi T, Huang LO, Bradfield J, et al. Genetic studies of leptin concentrations implicate leptin in the regulation of early adiposity

Page 77 of 93 Diabetes

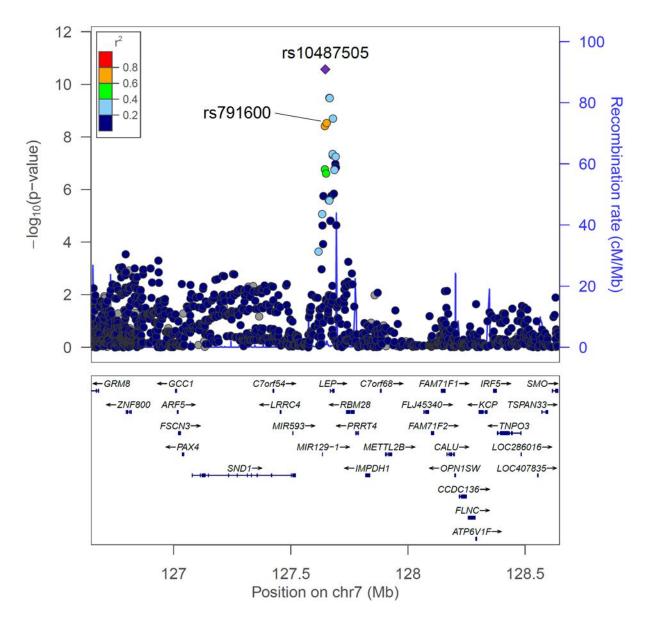


Figure S1. Association of rs10487505 and rs791600 variants near *LEP* with leptin concentrations adjusted for BMI in a genome-wide association study of up to 32,161 individuals of European ancestry (Kilpeläinen et al., 2016).

Diabetes Page 78 of 93

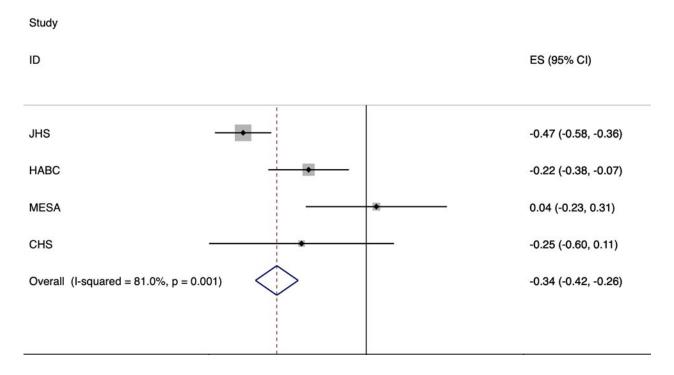


Figure S2. Meta-analysis of the association of the Met94 allele of rs17151919 with leptin concentrations adjusted for BMI in cohorts of African ancestry.

Page 79 of 93 Diabetes

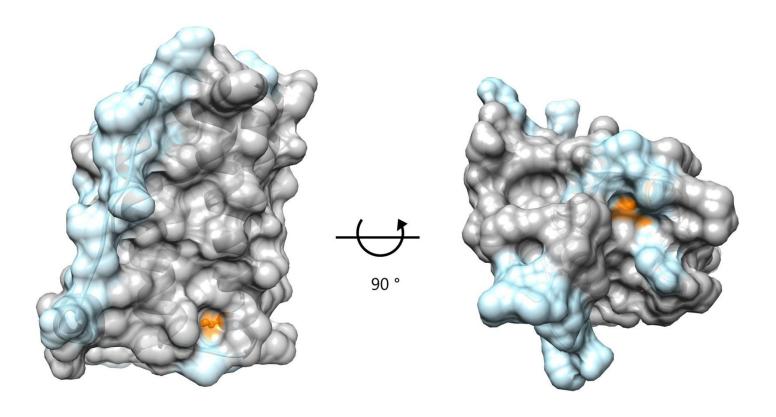


Figure S3: Surface region of the leptin protein with the Val94Met position (Val73Met in the mature protein) highlighted.

Diabetes Page 80 of 93

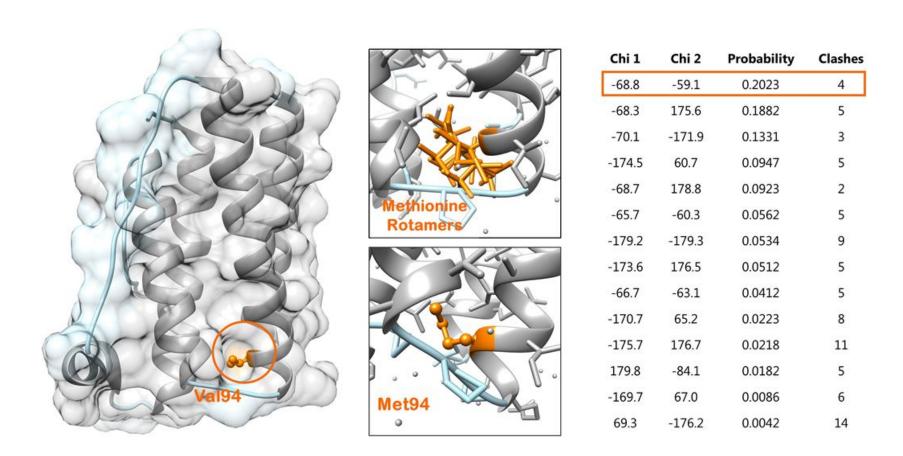


Figure S4: Leptin structure and the predicted impact of mutagenesis in position 73 from valine to methionine. The Rotamer list on the left shows sidechain torsions (Chi 1 and 2), with the probability and number of interatomic clashes, i.e. unfavourable interactions where atoms are too close together. On the right, the lower picture shows all possibilities for sidechain torsions when methionine is substituted with valine, whereas the upper picture displays the substitution with the highest probability (marked with red square in the Rotamer list).

Page 81 of 93 Diabetes

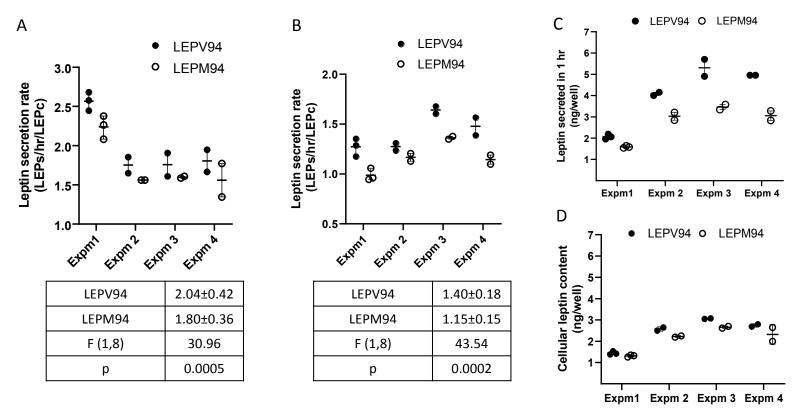


Fig S5. Impact of Val94Met transversion at *LEP* rs17151919 on leptin secretion rate in HEK293 cells in different conditions. A) Leptin secretion rates for Val94 and Met94 during a 24-hr incubation period (48-72 hr post-transfaction), expressed as the amount of leptin secreted in ng per hour over 24 hrs (LEPs/hr) normalized by the respective cellular leptin content (LEPc, ng) at the end of incubation. B) Leptin secretion rates for Val94 and Met94 during a 1-hour incubation (72-73 hr post-transfection) in the presence of cycloheximide (CHX, 20 μg/ml) expressed as the amount of leptin secreted in ng during the 1-hour incubation (LEPs/hr), normalized by the respective cellular leptin content (LEPc, ng). Individual data points from four separate experiments (each with 2-3 technical replicates) are plotted. All data passed D'Agostino & Pearson normality test and repeated measures one-way ANOVA was performed to assess the difference in secretion rate between the genotypes. Mean ± SD and AVOVA results (F and p values) are reported in the table below each graph. C-D. The amounts of leptin secreted (LEPs) during a 1 hr incubation (72-73 hr post-transfection) in untreated control cells (C), and the corresponding cellular leptin content (LEPc) at the end of the

Diabetes Page 82 of 93

incubation (D). Leptin secretion rates shown in Fig 2B were ratios of the amounts of leptin secreted (LEPs) over the corresponding cellular leptin contents (LEPc) shown here.

Page 83 of 93 Diabetes

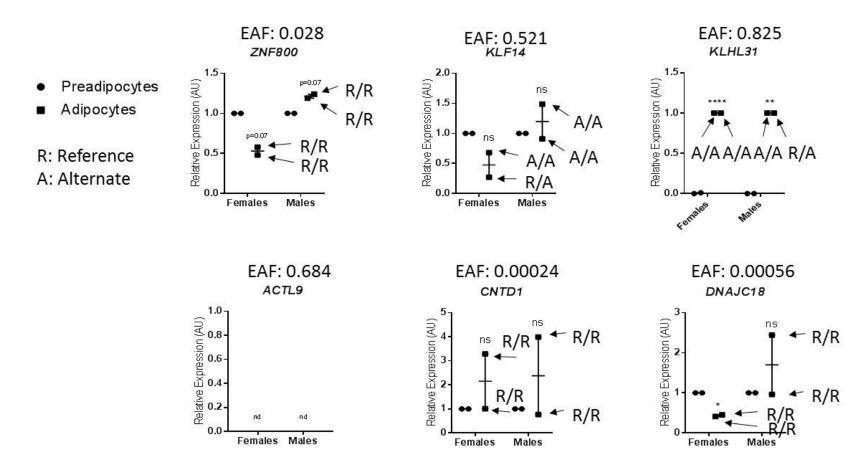


Figure S6. Expression of leptin modifiers in human preadipocytes and mature adipocytes. De-identified human subcutaneous adipose stromal cells were generously provided by the Boston NORC and were cultured and differentiated as previously described (Lee and Fried, 2014). Preadipocytes and *in vitro*-differentiated adipocytes from two females and two males were studied. Lipid-laden cells were assayed between 10-14 days after initial treatment with differentiation factors. Transcript levels were determined by RT-qPCR, normalized to the geometric mean of *RPLPO* and *PPIA*, and expressed relative to levels in preadipocytes. Two-way repeated measures ANOVA with post-hoc Sidak's multiple comparison tests were performed *: p<0.05, **: p<0.01, ****: p<0.0001, ns (no statistical difference) are indicated, comparing the transcript levels between preadipocytes and mature adipocytes. There was an interaction

Diabetes Page 84 of 93

between sex and differentiation stage for ZNF800 (p<0.01). No *ACTL9* transcript was detected (nd: none detected). Genotypes of the individuals were marked as R-reference allele and A-alternative allele.

Page 85 of 93 Diabetes

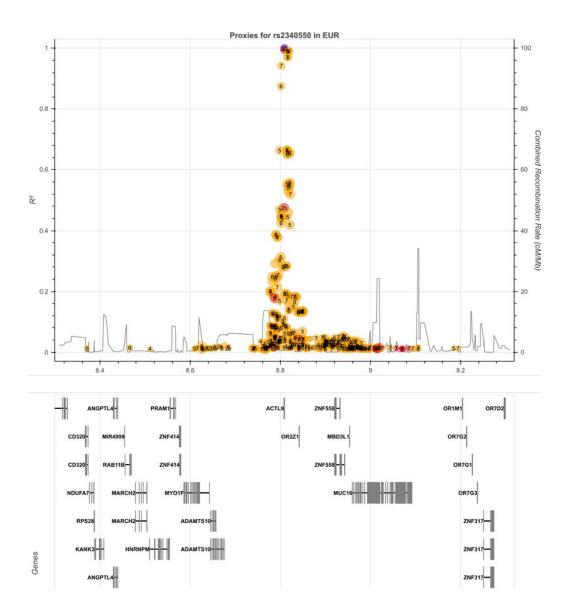


Figure S7. Linkage disequilibrium between the Ser37Phe (rs2340550) variant in *ACTL9* and variants within ±500 kb in the 1000 Genomes European ancestry reference panel. The numbering refers to Regulome DB score of the variants (www.regulomedb.org). Non-coding variants are marked in orange color and coding variants in red. The plot was produced using LDlink (https://ldlink.nci.nih.gov).

Diabetes Page 86 of 93

ACKNOWLEDGEMENTS

H.Y. was funded by Diabetes UK RD Lawrence fellowship (grant 17/ 0005594). T.K. was supported by the Novo Nordisk Foundation Center for Protein Research (grants NNF17OC0027594 and NNF14CC0001). C.N.S. was supported by the American Heart Association Postdoctoral Fellowships 15POST24470131 and 17POST33650016. C.K.R. was supported by National Institutes of Health (grant 5T32GM67553). N.G, J.B-J. T.M.S., T.H., and T.O.K. were partially funded by the Novo Nordisk Foundation Center for Basic Metabolic Research, an independent Research Center at the University of Copenhagen (grant NNF18CC0034900). T.O.K. was additionally supported by the Danish Council for Independent Research (grant DFF - 6110-00183) and the Novo Nordisk Foundation (grant NNF17OC0026848). V.S. was supported by the Finnish Foundation for Cardiovascular Research, S.R. was supported by the Academy of Finland Center of Excellence in Complex Disease Genetics (grant 312062) and the Academy of Finland (grant 285380). K.L.Y. was supported by KL2TR001109. A.E.J. was supported by American Heart Association (13POST16500011); NIH (R01DK089256, R01DK101855, 1K99HL130580). T.M.F. was supported by the European Research Council (grant 323195:GLUCOSEGENES-FP7-IDEAS-ERC). K.E.N. was supported by NIH R01DK089256, R01HD057194, U01HG007416, and R01DK101855 and AHA 13GRNT16490017. K.L.M. was supported by NIH R01DK072193 and R01DK093757. L.B.L.W. was supported by Wellcome Trust (WT083442AIA). D.M-K. is supported by Dutch Science Organization (ZonMW-VENI Grant 916.14.023). J.B. Meigs is supported by NIH K24 DK080140. J.G.W. is supported by U54GM115428 from the National Institute of General Medical Sciences. C.M.L. is supported by the Li Ka Shing Foundation, WT-SSI/John Fell funds, the NIHR Biomedical Research Centre, Oxford, Widenlife, and NIH (grant 5P50HD028138-27). Y.Z., K.G., J.M.C., C.A.L., C.D., R.L.L. were partially supported by NIH P30 DK26687 and RO1 DK 52431. R.S.F. was supported by NIH NHGRI F31 HG009850. R.J.F.L. is supported by the NIH (R01DK11011, R01DK107786, 1R01DK124097).

The **Atherosclerosis Risk in Communities (ARIC)** study is carried out as a collaborative study supported by the National Heart, Lung, and Blood Institute (NHLBI) contracts (HHSN268201100005C, HHSN268201100006C, HHSN268201100007C, HHSN268201100008C, HHSN268201100009C, HHSN268201100010C, HHSN268201100011C, and HHSN268201100012C). The authors thank the staff and participants of the ARIC study for their important contributions. Funding support for "Building on GWAS for NHLBI-diseases: the U.S. CHARGE consortium" was provided by the NIH through the American Recovery and Reinvestment Act of 2009 (ARRA) (5RC2HL102419).

CHOP: The authors thank the network of primary care clinicians and the patients and families for their contribution to this project and to clinical research facilitated by the Pediatric Research Consortium [PeRC]-The Children's Hospital of Philadelphia. R. Chiavacci, E. Dabaghyan, A.

Page 87 of 93 Diabetes

[Hope] Thomas, K. Harden, A. Hill, C. Johnson-Honesty, C. Drummond, S. Harrison, F. Salley, C. Gibbons, K. Lilliston, C. Kim, E. Frackelton, F. Mentch, G. Otieno, K. Thomas, C. Hou, K. Thomas and M.L. Garris provided expert assistance with genotyping and/or data collection and management. The authors would also like to thank S. Kristinsson, L.A. Hermannsson and A. Krisbjörnsson of Raförninn ehf for extensive software design and contributions. This research was financially supported by an Institute Development Award from the Children's Hospital of Philadelphia, a Research Development Award from the Cotswold Foundation, the Daniel B. Burke Endowed Chair for Diabetes Research, the Children's Hospital of Philadelphia Endowed Chair in Genomic Research and NIH grant R01 HD056465.

supported by NHLBI contracts HHSN268201200036C, **CHS** research was HHSN268200800007C, HHSN268201800001C, N01HC55222, N01HC85079, N01HC85080, N01HC85081, N01HC85082, N01HC85083, N01HC85086; and NHLBI grants R01HL068986. U01HL080295, R01HL087652. R01HL105756, R01HL103612. R01HL120393, U01HL130114 with additional contribution from the National Institute of Neurological Disorders and Stroke (NINDS). Additional support was provided through R01AG023629 from the National Institute on Aging (NIA). A full list of principal CHS investigators and institutions can be found at CHS-NHLBI.org. The provision of genotyping data was supported in part by the National Center for Advancing Translational Sciences, CTSI grant UL1TR000124, and the National Institute of Diabetes and Digestive and Kidney Disease Diabetes Research Center (DRC) grant DK063491 to the Southern California Diabetes Endocrinology Research Center. The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institutes of Health. Additional grant received from the AHA Clinically Applied Research Grant, R01 HL094555 from NHLBI.

CLHNS thanks the Office of Population Studies Foundation research and data collection teams and the study participants who generously provided their time for this study. This work was supported by National Institutes of Health grants DK078150, TW005596 and HL085144; pilot funds from RR020649, ES010126, and DK056350; and the Office of Population Studies Foundation.

Ely: We are grateful to all the volunteers and to the staff of St. Mary's Street Surgery, Ely and the study team. The Ely Study was funded by the MRC (MC_U106179471) and Diabetes UK. Genotyping in the Ely and Fenland studies was supported in part by an MRC-GlaxoSmithKline pilot programme grant (G0701863).

The **Erasmus Rucphen Family (ERF)** study is grateful to all study participants and their relatives, general practitioners and neurologists for their contributions and to P. Veraart for her help in genealogy, J. Vergeer for the supervision of the laboratory work and P. Snijders for his help in data collection. ERF was supported by the Consortium for Systems Biology (NCSB),

Diabetes Page 88 of 93

both within the framework of the Netherlands Genomics Initiative (NGI)/Netherlands Organisation for Scientific Research (NWO). ERF study as a part of EUROSPAN (European Special Populations Research Network) supported by European Commission FP6 STRP grant number 018947 (LSHG-CT-2006-01947) and also received funding from the European Community's Seventh Framework Programme (FP7/2007-2013)/grant agreement HEALTH-F4-2007- 201413 by the European Commission under the programme "Quality of Life and Management of the Living Resources" of 5th Framework Programme (no. QLG2-CT-2002-01254) as well as FP7 project EUROHEADPAIN (nr 602633). The ERF study was further supported by ENGAGE consortium and CMSB. High-throughput analysis of the ERF data was supported by joint grant from Netherlands Organization for Scientific Research and the Russian Foundation for Basic Research (NWO-RFBR 047.017.043). The exome-chip measurements have been funded by the Netherlands Organization for Scientific Research (NWO; project number 184021007) and by the Rainbow Project (RP10; Netherlands Exome Chip Project) of the Biobanking and Biomolecular Research Infrastructure Netherlands (BBMRI-NL; www.bbmri.nl (http://www.bbmri.nl)). Ayse Demirkan is supported by a Veni grant (2015) from ZonMw. Ayse Demirkan, Ivana Nedeljkovic and Cornelia van Duijn have used exchange grants from PRECEDI. The funders had no role in study design, data collection and analysis, decision to publish, or preparation of the manuscripts.

The **Family Heart Study (FamHS)** was funded by R01HL118305 and R01HL117078 NHLBI grants, and 5R01DK07568102 and 5R01DK089256 NIDDK grant.

The **Fenland Study** is funded by the Wellcome Trust and the Medical Research Council (MC_U106179471). We are grateful to all the volunteers for their time and help, and to the General Practitioners and practice staff for assistance with recruitment. We thank the Fenland Study Investigators, Fenland Study Co-ordination team and the Epidemiology Field, Data and Laboratory teams. We further acknowledge support from the Medical research council (MC_UU_12015/1).

The **Framingham Heart Study (FHS)** was initiated in 1948 and is comprised of 5,209 participants from Framingham, MA (US), who have undergone examinations every other year to evaluate cardiovascular disease and related risk factors. The Offspring cohort was recruited in 1971 and includes 5,124 children of the Original cohort and the children's spouses. Participants from the Offspring cohort have attended exams roughly every four years. The current analysis includes 2,223 individuals with available phenotypic and genotypic information.

The **FINRISK** surveys have been mainly funded by budgetary funds of the National Institute for Health and Welfare. Additional funding has been obtained from the Finnish Academy and several domestic non-profit foundations. The **FINRISK07/DILGOM** was supported by the

Page 89 of 93 Diabetes

Academy of Finland (#118065 and #136895). VS has been supported by the Finnish Foundation for Cardiovascular Research.

The **Health ABC** study was supported by NIA contracts N01AG62101, N01AG62103, and N01AG62106 and, in part, by the NIA Intramural Research Program. The genome-wide association study was funded by NIA grant 1R01AG032098-01A1 to Wake Forest University Health Sciences and genotyping services were provided by the Center for Inherited Disease Research (CIDR). CIDR is fully funded through a federal contract from the National Institutes of Health to The Johns Hopkins University, contract number HHSN268200782096C. This study utilized the high-performance computational capabilities of the Biowulf Linux cluster at the National Institutes of Health, Bethesda, Md. (http://biowulf.nih.gov).

The **Inter99** was initiated by Torben Jørgensen (PI), Knut Borch-Johnsen (co-PI), Hans Ibsen and Troels F. Thomsen. The steering committee comprises the former two and Charlotta Pisinger. The study was financially supported by research grants from the Danish Research Council, the Danish Centre for Health Technology Assessment, Novo Nordisk Inc., Research Foundation of Copenhagen County, Ministry of Internal Affairs and Health, the Danish Heart Foundation, the Danish Pharmaceutical Association, the Augustinus Foundation, the Ib Henriksen Foundation, the Becket Foundation, and the Danish Diabetes Association.

We thank the **Jackson Heart Study (JHS)** participants and staff for their contributions to this work. The JHS is supported by contracts HHSN268201300046C, HHSN268201300047C, HHSN268201300048C, HHSN268201300049C, HHSN268201300050C from the National Heart, Lung, and Blood Institute and the National Institute on Minority Health and Health Disparities.

The **KORA** research platform (KORA, Cooperative Research in the Region of Augsburg) was initiated and financed by the Helmholtz Zentrum München – German Research Center for Environmental Health, Neuherberg, Germany and supported by grants from the German Federal Ministry of Education and Research (BMBF), the Federal Ministry of Health (Berlin, Germany), the Ministry of Innovation, Science, Research and Technology of the state North Rhine-Westphalia (Düsseldorf, Germany), and the Munich Center of Health Sciences (MC Health) as part of LMUinnovativ. This research was supported by the European Union's Seventh Framework Programme (FP7-Health-F5-2012) under grant agreement no. 305280 (MIMOmics), by the Helmholtz-Russia Joint Research Group (HRJRG) 310, and by the German Center for Diabetes Research (DZD). We thank all members of field staffs who were involved in the planning and conduct of the MONICA/KORA Augsburg studies. The funders had no role in study design, data collection and analysis, decision to publish, or preparation of the manuscript.

Diabetes Page 90 of 93

Leipzig-Adults was supported by the Kompetenznetz Adipositas (Competence network for Obesity) funded by the Federal Ministry of Education and Research (German Obesity Biomaterial Bank; FKZ 01GI1128), by grants from the Deutsche Forschungsgemeinschaft (DFG, German Research Foundation – Projektnummer 209933838 – SFB 1052; B01, B03) and from IFB AdiposityDiseases (AD2-060E, AD2-06E95, AD2-K7-117). IFB Adiposity Diseases is supported by the Federal Ministry of Education and Research (BMBF), Germany, FKZ: 01EO1501.

MESA was supported by the Multi-Ethnic Study of Atherosclerosis (MESA) contracts HHSN268201500003I, N01-HC-95159, N01-HC-95160, N01-HC-95161, N01-HC-95162, N01-HC-95163, N01-HC-95164, N01-HC-95165, N01-HC-95166, N01-HC-95167, N01-HC-95168, N01-HC-95169, UL1-TR-000040, UL1-TR-001079, and UL1-TR-001420. The provision of genotyping data was supported in part by the National Center for Advancing Translational Sciences, CTSI grant UL1TR001881, and the National Institute of Diabetes and Digestive and Kidney Disease Diabetes Research (DRC) grant DK063491.

The authors of the **NEO study** thank all individuals who participated in the Netherlands Epidemiology in Obesity study, all participating general practitioners for inviting eligible participants and all research nurses for collection of the data. We thank the NEO study group, Pat van Beelen, Petra Noordijk and Ingeborg de Jonge for the coordination, lab and data management of the NEO study. The genotyping in the NEO study was supported by the Centre National de Génotypage (Paris, France), headed by Jean-Francois Deleuze. The NEO study is supported by the participating Departments, the Division and the Board of Directors of the Leiden University Medical Center, and by the Leiden University, Research Profile Area Vascular and Regenerative Medicine.

PIVUS/ULSAM studies were supported by Wellcome Trust Grants WT098017, WT064890, WT090532, Uppsala University, Uppsala University Hospital, the Swedish Research Council and the Swedish Heart-Lund Foundation.

The RAINE study was supported by the National Health and Medical Research Council of Australia [grant numbers 572613, 403981 and 003209] and the Canadian Institutes of Health Research [grant number MOP-82893]. The authors are grateful to the Raine Study participants and their families, and to the Raine Study research staff for cohort coordination and data collection. The authors gratefully acknowledge the NH&MRC for their long term contribution to funding the study over the last 29 years and also the following Institutions for providing funding for Core Management of the Raine Study: The University of Western Australia (UWA), Curtin University, Raine Medical Research Foundation, The Telethon Kids Institute, Women and Infants Research Foundation (King Edward Memorial Hospital), Murdoch University, The University of Notre Dame (Australia), and Edith Cowan University. The authors gratefully

Page 91 of 93 Diabetes

acknowledge the assistance of the Western Australian DNA Bank (National Health and Medical Research Council of Australia National Enabling Facility). This work was supported by resources provided by the Pawsey Supercomputing Centre with funding from the Australian Government and the Government of Western Australia.

The **RISC study** was supported by European Union grant QLG1-CT-2001-01252 and AstraZeneca. The initial genotyping of the RISC samples was funded by Merck & Co Inc.

RSI - The generation and management of the Illumina exome chip v1.0 array data for the Rotterdam Study (RS-I) was executed by the Human Genotyping Facility of the Genetic Laboratory of the Department of Internal Medicine, Erasmus MC, Rotterdam, The Netherlands. The Exome chip array data set was funded by the Genetic Laboratory of the Department of Internal Medicine, Erasmus MC, from the Netherlands Genomics Initiative (NGI)/Netherlands Organisation for Scientific Research (NWO)-sponsored Netherlands Consortium for Healthy Aging (NCHA; project nr. 050-060-810); the Netherlands Organization for Scientific Research (NWO; project number 184021007) and by the Rainbow Project (RP10; Netherlands Exome Chip Project) of the Biobanking and Biomolecular Research Infrastructure Netherlands (BBMRI-NL; www.bbmri.nl). We thank Ms. Mila Jhamai, Ms. Sarah Higgins, and Mr. Marijn Verkerk for their help in creating the exome chip database, and Carolina Medina-Gomez, PhD , Lennard Karsten, MSc, and Linda Broer PhD for QC and variant calling. Variants were called using the best practice protocol developed by Grove et al. as part of the CHARGE consortium exome chip central calling effort. The Rotterdam Study is funded by Erasmus Medical Center and Erasmus University, Rotterdam, Netherlands Organization for the Health Research and Development (ZonMw), the Research Institute for Diseases in the Elderly (RIDE), the Ministry of Education, Culture and Science, the Ministry for Health, Welfare and Sports, the European Commission (DG XII), and the Municipality of Rotterdam. The authors are grateful to the study participants, the staff from the Rotterdam Study and the participating general practitioners and pharmacists. Additionally, the Netherlands Organization for Health Research and Development supported authors of this manuscript (C.M-G: ZonMw VIDI 016.136.367;).

SHIP-TREND is part of the Community Medicine Research net of the University of Greifswald, Germany, which is funded by the Federal Ministry of Education and Research (grants no. 01ZZ9603, 01ZZ0103, and 01ZZ0403), the Ministry of Cultural Affairs as well as the Social Ministry of the Federal State of Mecklenburg-West Pomerania, and the network 'Greifswald Approach to Individualized Medicine (GANI_MED)' funded by the Federal Ministry of Education and Research (grant 03IS2061A). Generation of ExomeChip data was supported by the Federal Ministry of Education and Research (grant no. 03Z1CN22). The blood samples were stored in the Integrated Research Biobank (Liconic, Liechtenstein). The University of Greifswald is a member of the Caché Campus program of the InterSystems GmbH.

Diabetes Page 92 of 93

TwinsUK is funded by the Wellcome Trust, Medical Research Council, European Union, the National Institute for Health Research (NIHR)-funded BioResource, Clinical Research Facility and Biomedical Research Centre based at Guy's and St Thomas' NHS Foundation Trust in partnership with King's College London.

The **WGHS** is supported by the National Heart, Lung, and Blood Institute (HL043851, HL080467, HL099355) and the National Cancer Institute (CA047988 and UM1CA182913) with collaborative scientific support and funding for genotyping provided by Amgen. Funding for leptin and adiponectin measures was provided by Roche.

The Women's Health Initiative (WHI) program is funded by the National Heart, Lung, and Blood Institute, National Institutes of Health, U.S. Department of Health and Human Services through contracts HHSN268201100046C, HHSN268201100001C, HHSN268201100002C, HHSN268201100003C, HHSN268201100004C, and HHSN271201100004C. Exome-chip data and analysis were supported through the Women's Health Initiative Sequencing Project (NHLBI RC2 HL-102924), the Genetics and Epidemiology of Colorectal Cancer Consortium (NCI CA137088), the Genomics and Randomized Trials Network (NHGRI U01-HG005152), and an NCI training grant (R25CA094880). The authors thank the WHI investigators and staff for their dedication, and the study participants for making the program possible. A listing of WHI found investigators can be at: https://www.whi.org/researchers/Documents%20%20Write%20a%20Paper/WHI%20Investiga tor %20Short%20List.pdf.

The **Young Finns Study (YFS)** has been financially supported by the Academy of Finland: grants 322098, 286284, 134309 (Eye), 126925, 121584, 124282, 129378 (Salve), 117787 (Gendi), and 41071 (Skidi); the Social Insurance Institution of Finland; Competitive State Research Financing of the Expert Responsibility area of Kuopio, Tampere and Turku University Hospitals (grant X51001); Juho Vainio Foundation; Paavo Nurmi Foundation; Finnish Foundation for Cardiovascular Research; Finnish Cultural Foundation; The Sigrid Juselius Foundation; Tampere Tuberculosis Foundation; Emil Aaltonen Foundation; Yrjö Jahnsson Foundation; Signe and Ane Gyllenberg Foundation; Diabetes Research Foundation of Finnish Diabetes Association; EU Horizon 2020 (grant 755320 for TAXINOMISIS); European Research Council (grant 742927 for MULTIEPIGEN project); and Tampere University Hospital Supporting Foundation. We thank the teams that collected data at all measurement time points; the persons who participated as both children and adults in these longitudinal studies; and biostatisticians Irina Lisinen, Johanna Ikonen, Noora Kartiosuo, Ville Aalto, and Jarno Kankaanranta for data management and statistical advice.

REFERENCES

Page 93 of 93 Diabetes

1. Kilpeläinen, T.O., Carli, J.F., Skowronski, A.A., Sun, Q., Kriebel, J., Feitosa, M.F., Hedman, A.K., Drong, A.W., Hayes, J.E., Zhao, J., et al. (2016). Genome-wide meta-analysis uncovers novel loci influencing circulating leptin levels. Nat Commun 7, 10494.

2. Lee, M.J., and Fried, S.K. (2014). Optimal protocol for the differentiation and metabolic analysis of human adipose stromal cells. Methods Enzymol *538*, 49-65.