

*Nat Genet*. Author manuscript; available in PMC 2012 October 1.

Published in final edited form as:

Nat Genet.; 43(10): 969–976. doi:10.1038/ng.940.

# Genome-wide association study identifies five new schizophrenia loci

© 2011 Nature America, Inc. All rights reserved.

Note: Supplementary information is available on the Nature Genetics website.

#### AUTHOR CONTRIBUTIONS

The Schizophrenia Psychiatric Genome-Wide Association Study (GWAS) Consortium (PGC): overall coordination: P.V.G. Coordination of statistical analyses: M.J.D. Coordination of phenotypic analyses: K.S.K. Statistical analyses: S.R., M.J.D., P.A.H., D.-Y.L., S.P., F.D., B.M.N., L.R., P.M.V., D.P., D.M.R. Manuscript preparation: P.V.G. (primary), M.J.D. (primary), A.R.S. (primary), S.R. (primary), M.C.O. (primary), K.S.K., D.F.L., P.S., P.A.H., P.F.S. (primary), D.-Y.L., J.D., R.A.O., O.A.A., E. Scolnick. Phenotypic analyses: K.S.K., A.F., A.C., R.L.A. Stage 1 GWAS sample 1-Cardiff, UK: M.C.O., N.C., P.A.H., M. Hamshere, H.J.W., V. Moskvina, S. Dwyer, L.G., S.Z., M.J.O. Stage 1 GWAS sample 2-Clinical Antipsychotic Trials of Intervention Effectiveness (CATIE): P.F.S., D.-Y.L., E.v.d.O., Y.K., T.S.S., J.A.L. Stage 1 GWAS sample 3-International Schizophrenia Consortium (ISC)-Aberdeen: D.St.C. Stage 1 GWAS sample 4-ISC-Cardiff: G.K.K., M.C.O., P.A.H., L.G., I.N., H.J.W., D.T., V. Milanova, M.J.O. Stage 1 GWAS sample 5-ISC-Dublin: D.W.M., C.T.O., E.K., E.M.Q., M.G., A.C. Stage 1 GWAS sample 6-ISC-Edinburgh: D.H.R.B., K.A.M., B.P., P. Malloy, A.W.M., A. McIntosh. Stage 1 GWAS sample 7-ISC-London: A. McOuillin, K.C., S. Datta, J.P., S. Thirumalai, V.P., R.K., J. Lawrence, D.O., N.B., H.G. Stage 1 GWAS sample 8-ISC-Portugal: M.T.P., C.N.P., A.F. Stage 1 GWAS sample 9-ISC-SW1-Sweden, stage 1 GWAS sample 10-ISC-SW2-Sweden, stage 2 replication follow-up sample 16-SW3-Sweden, stage 2 replication follow-up sample 17-SW4-Sweden: C.M.H., P.L., S.E.B., S.P., E. Scolnick, P.S., P.F.S. Stage 1 GWAS sample 11-Molecular Genetics of Schizophrenia (MGS): J. Shi, D.F.L., J.D., A.R.S., M.C.K., B.J.M., A.O., F.A., C.R.C., J.M.S., N.G.B., W.FB., D.W.B., K.S.K., R.F., P.V.G. Stage 1 GWAS sample 12-Schizophrenia Genetics Consortium (SGENE)-Bonn: S.C., M. Rietschel, M.M.N., W.M., T.G.S., M. Mattheisen. Stage 1 GWAS sample 13-SGENE-Copenhagen, stage 2 replication follow-up sample 5-SGENE-Copenhagen: T.H., A.I., K.D.J., L.D., G.J., H.B.R., B.G., J.N., S. Timm, L.O., A.G.W., A.F.-J., J.H.T., T.W. Stage 1 GWAS sample 14-SGENE-Munich, stage 2 replication follow-up sample 12-SGENE-Munich, stage 2 replication follow-up sample 13-SGENE-Munich: I.G., A.M.H., H.K., M.F., B.K., P. Muglia, D.R. Stage 1 GWAS sample 15-SGENE-Thematic Organized Psychoses Research 3 (TOP3): S. Djurovic, M. Mattingsdal, I.A., I.M., O.A.A. Stage 1 GWAS sample 16-SGENE-UCLA: R.A.O., R.M.C., N.B.F., R.S.K., D.H.L., J.v.O., D. Wiersma, R.B., W.C., L.d.H., L.K., I.M.-G., E. Strengman. Stage 1 GWAS sample 17-Zucker Hillside: A.K.M., T.L. Stage 2 replication follow-up sample 1-multicenter pedigree: P.A.H., B.P.R., A.E.P., M.J.O., D.B.W., P.V.G., B.J.M., C.L., K.S.K., G.N., N.M.W., S.G.S., A.R.S., M. Hansen, D.A.N., J.M., B.W., V.K.L., M.C.O., J.D., M. Albus, M. Alexander, S.G., R.R., K.-Y.L., N.N., W.M., G.P., D. Walsh, M.J., F.A.O., F.B.L., D. Dikeos, J.M.S., D.F.L. Stage 2 replication follow-up sample 2-SGENE-Aarhus: A.D.B., D. Demontis, P.B.M., D.M.H., T.F.Ø., O.M. Stage 2 replication follow-up sample 3–SGENE–Aarhus: O.M., M.N., A.D.B. Stage 2 replication follow-up sample 4-SGENE-Belgium: R.v.W., G.K., M.D.H., J.V. Stage 2 replication follow-up sample 6-SGENE-Iceland: H.S., S.S., E. Sigurdsson, H.P., K.S. Stage 2 replication follow-up sample 7-SGENE-England: D.A.C. Stage 2 replication follow-up sample 8-SGENE-Helsinki, stage 2 replication follow-up sample 11-SGENE-Kuusamo: L.P., O.P.H.P., J. Suvisaari, J. Lönnqvist. Stage 2 replication follow-up sample 9-SGENE-Hungary: I.B., J.M.R. Stage 2 replication follow-up sample 10-SGENE-Italy: M. Ruggeri, S. Tosato. Stage 2 replication follow-up sample 14-SGENE-Russia: V.G. Stage 2 replication follow-up sample 15-SGENE-Sweden: E.G.J., I.A., L.T. Stage 2 replication follow-up sample 18-University of Queensland: B.J.M., M.A.B., P.A.D., J.J.M., D.E.M. Stage 2 replication follow-up sample 18-Australian Schizophrenia Research Bank: B.J.M., V.J.C., R.J.S., S.V.C., F.A.H., A.V.J., C.M.L., P.T.M., C.P., U.S. Stage 2 replication follow-up sample 19-Irish Schizophrenia Genomics Consortium (ISGC): A.C., D.W.M., P.C., B.S.M., C.T.O., G.D., F.A.O., M.G., K.S.K., B.P.R., ISGC (see the Acknowledgments in the Supplementary Note for additional contributors not listed above). Stage 2 replication followup sample 19-Wellcome Trust Case Control Consortium 2 (WTCCC2): P.D. (Chair of Management Committee; Data and Analysis Group), C.C.A.S. (Data and Analysis Group; Publications Committee), A.S. (Data and Analysis Group), WTCCC2 (see Acknowledgments in the Supplementary Note for additional contributors not listed above). All authors contributed to the current version of the paper.

#### COMPETING FINANCIAL INTERESTS

The authors declare competing financial interests: details accompany the full-text HTML version of the paper at http://www.nature.com/naturegenetics/.

Reprints and permissions information is available online at http://www.nature.com/reprints/index.html.

<sup>&</sup>lt;sup>1</sup>A full list of authors and affiliations appears at the end of the paper.

<sup>&</sup>lt;sup>20</sup>Institute of Neuroscience and Medicine (INM-1), Research Center Juelich, Juelich, Germany.

<sup>&</sup>lt;sup>30</sup>Center for Psychiatric Neuroscience, The Feinstein Institute for Medical Research, Manhasset, New York, USA.

<sup>116</sup> Department of Psychiatry, University of Erlangen-Nuremberg, Erlangen, Germany.

## The Schizophrenia Psychiatric Genome-Wide Association Study (GWAS) Consortium<sup>1</sup>

### **Abstract**

We examined the role of common genetic variation in schizophrenia in a genome-wide association study of substantial size: a stage 1 discovery sample of 21,856 individuals of European ancestry and a stage 2 replication sample of 29,839 independent subjects. The combined stage 1 and 2 analysis yielded genome-wide significant associations with schizophrenia for seven loci, five of which are new (1p21.3, 2q32.3, 8p23.2, 8q21.3 and 10q24.32-q24.33) and two of which have been previously implicated (6p21.32-p22.1 and 18q21.2). The strongest new finding ( $P = 1.6 \times 10^{-11}$ ) was with rs1625579 within an intron of a putative primary transcript for *MIR137* (microRNA 137), a known regulator of neuronal development. Four other schizophrenia loci achieving genome-wide significance contain predicted targets of *MIR137*, suggesting *MIR137*-mediated dysregulation as a previously unknown etiologic mechanism in schizophrenia. In a joint analysis with a bipolar disorder sample (16,374 affected individuals and 14,044 controls), three loci reached genome-wide significance: *CACNA1C* (rs4765905,  $P = 7.0 \times 10^{-9}$ ), *ANK3* (rs10994359,  $P = 2.5 \times 10^{-8}$ ) and the *ITIH3-ITIH4* region (rs2239547,  $P = 7.8 \times 10^{-9}$ ).

In stage 1, we conducted a mega-analysis combining genome-wide assocation study (GWAS) data from 17 separate studies (with a total of 9,394 cases and 12,462 controls; Table 1 and Supplementary Tables 1,2). We imputed allelic dosages for 1,252,901 autosomal SNPs (Table 1, Supplementary Table 3 and Supplementary Note) using HapMap3 as the reference panel<sup>1</sup>. We tested for association using logistic regression of imputed dosages with sample identifiers and three principal components as covariates to minimize inflation in significance testing caused by population stratification. The quantilequantile plot (Supplementary Fig. 1) deviated from the null distribution with a population stratification inflation factor of  $\lambda = 1.23$ . However,  $\lambda_{1000}$ , a metric that standardizes the degree of inflation by sample size, was only 1.02, similar to that observed in other GWAS meta-analyses<sup>2,3</sup>. This deviation persisted despite comprehensive quality control and inclusion of up to 20 principal components (Supplementary Fig. 1). Thus, we interpret this deviation as indicative of a large number of weakly associated SNPs consistent with polygenic inheritance<sup>4</sup>. We also examined 298 ancestry-informative markers (AIMs) that reflect European-ancestry population substructure<sup>5</sup>. Unadjusted analyses showed greater inflation in the test statistics than we saw for all markers (AIMs  $\lambda = 2.26$  compared to all markers  $\lambda = 1.56$ ). After inclusion of principal components, the distributions of the test statistics did not differ between AIMs ( $\lambda = 1.18$ ) and all markers ( $\lambda = 1.23$ ), a result inconsistent with population stratification explaining the residual deviation seen in Supplementary Figure 1. Moreover, the results of a meta-analysis using summary results generated using study specific principal components (Supplementary Note) were highly correlated with those from the mega-analysis (Pearson correlation = 0.94, with a similar  $\lambda$  = 1.20; Supplementary Fig. 2). Of the ten SNPs in Table 2, four increased and six decreased in significance, suggesting that the most extreme values did not result from systematic inflation artifacts. Therefore, our primary analysis used unadjusted P values (nevertheless, see Table 2 for stage 1 P values adjusted for  $\lambda$  (ref. 6).

In stage 1 (Table 2, Supplementary Table 4 and Supplementary Figs. 3 and 4), 136 associations reached genome-wide significance  $(P \le 5 \times 10^{-8})^7$ . The majority of these associations (N = 129) mapped to 5.5 Mb in the extended major histocompatibility complex (MHC, 6p21.32-p22.1), a region of high linkage disequilibrium (LD) previously implicated in schizophrenia in a subset of the samples used here<sup>4,8,9</sup>. The other stage 1 regions included new regions (10q24.33 and 8q21.3) and previously reported regions (18q21.2 at *TCF4* (encoding transcription factor 4) and 11q24.2 (ref. 8)). The signal at 11q24.2 is ~0.85 Mb

from NRGN (encoding neurogranin) and is uncorrelated with the previously associated variant near this gene<sup>8</sup>.

In Table 2 and Supplementary Table 4, we denote regions of association by the most significant marker. Associated SNPs with  $r^2 \ge 0.2$  in HapMap3 (CEU+TSI populations) were not considered independent. However, we noticed instances where multiple SNPs within 250 kb of each other yielded evidence for association ( $P < 10^{-5}$ ) despite weak LD ( $r^2$ < 0.2) between them. For regions with  $P < 10^{-6}$ , we performed a conditional analysis using as covariates the dosages of the strongest associated SNP, principal components 1-4 and 6 and study indicator. We observed multiple statistically independent signals at the MHC. Although a number of SNPs within the MHC were potentially independent per HapMap  $r^2$ values, only rs9272105 withstood formal conditional analysis, showing  $P = 1.8 \times 10^{-6}$ conditional on association to the best SNP, rs2021722 (stage 1  $P = 4.3 \times 10^{-11}$ , inter-SNP distance = 2.4 Mb,  $r^2$  = 0.01 in HapMap). Excluding the MHC region, we identified six regions with at least one SNP associated at  $P < 10^{-5}$  and a second SNP with a conditionally independent  $P \le 10^{-3}$  (Supplementary Table 5). We performed 100 simulations after permuting case-control status randomly within each study. In contrast to the six regions in the real dataset, we never observed more than a single region with co-localized statistically independent signals in any simulated genome-wide scan, indicating our observation is highly unlikely to have occurred by chance.

Noteworthy co-localizing independent signals occurred at three regions (Supplementary Table 5): one region with a genome-wide significant association at 10q24.32-q24.33 (Table 2), a second region that nearly met this threshold at MAD1L1 (encoding mitotic arrest deficient-like 1; rs10226475,  $P = 5.06 \times 10^{-8}$ ; Supplementary Table 4) and a third region at CACNA1C (encoding calcium channel, voltage-dependent, L type,  $\alpha$  1C subunit), the latter of which has previously been associated with bipolar disorder 10 and other psychiatric phenotypes including schizophrenia 11. The conditionally independent signal at CACNA1C was more significant than any observation made in 100 permutations of the entire experiment (both conditional  $P < 10^{-5}$ ) and supports CACNA1C in schizophrenia after genome-wide correction (P < 0.01), even without considering these prior reports.

In stage 2, we evaluated in 29,839 independent subjects (8,442 cases and 21,397 controls) the most significant SNPs (N=81) in each LD region where at least one SNP had surpassed  $P < 2 \times 10^{-5}$  (Supplementary Table 6) in the mega-analysis. Of 22 SNPs from the MHC, 5 surpassed the genome-wide significant threshold in stages 1 and 2 combined (minimum  $P=2.2 \times 10^{-12}$  at rs2021722; Supplementary Table 6). Excluding the MHC region, a sign test for consistency between stages 1 and 2 was highly significant ( $P < 10^{-6}$ ), with the same direction of effect as observed stage 1 also being observed in stage 2 for 49 of 59 SNPs. A Fisher's combined test revealed the distribution of stage 2 P values was unlikely to have occurred by chance ( $P < 10^{-15}$ ). We also performed a transmission analysis using the family based Multicenter Pedigree replication sample in conjunction with a GWAS of 622 parent-offspring schizophrenia trios from Bulgaria<sup>12</sup>, and the stage 1 associated allele was over-transmitted to cases for 44 of the 59 SNPs (one-sided  $P=1.0 \times 10^{-4}$ ). Thus, the stage 2 replication results are highly consistent with the stage 1 discovery results.

In the combined dataset (stages 1 and 2), five new (1p21.3, 2q32.3, 8p23.2, 8q21.3 and 10q24.32-q24.33) and two previously reported (6p21.32-p22.1 and 18q21.2) loci met genome-wide significance (Figs. 1,2, Table 2, Supplementary Tables 6,7 and Supplementary Fig. 4). After adjusting for  $\lambda$  (ref. 6), four loci (1p21.3, 6p21.32-p22.1, 10q24.32-q24.33 and 18q21.2) remained significant at  $P \le 5 \times 10^{-8}$ . For the primary analyses (unadjusted for  $\lambda$ ), the strongest new association was at 1p21.3 (rs1625579;  $P = 1.6 \times 10^{-11}$ ), which is over 100 kb from any RefSeq protein-coding gene but is within intron 3 of AK094607, which

contains the primary transcript for MIR137 (ref. 13). The next best locus, 10q24.32 (Supplementary Table 5 and Supplementary Fig. 5), has independent associations 130 kb apart at rs7914558 ( $P=1.8\times10^{-9}$ ) and rs11191580 ( $P=1.1\times10^{-8}$ ), implicating a 0.5-Mb region containing multiple genes (Supplementary Fig. 5). The third best locus, rs7004633 ( $P=2.8\times10^{-8}$ ) on 8q21.3, is 400 kb from the nearest gene (MMP16, encoding matrix metallopeptidase 16). The fourth best locus, rs10503253 ( $P=4.4\times10^{-8}$ ) at 8p23.2, is in an intron of CSMD1 (encoding CUB and Sushi multiple domains 1). Finally, rs17662626 ( $P=4.7\times10^{-8}$ ) at 2q32.3 is intergenic, mapping 300 kb from a non-coding RNA, PCGEM1 (prostate-specific transcript  $1)^{14}$ .

MIR137 has been implicated in regulating adult neurogenesis 15,16 and neuronal maturation<sup>17</sup>, mechanisms through which variation at this locus could contribute to brain development abnormalities in schizophrenia. Of relevance, two independent schizophrenia imaging studies found MIR137 to be one of three microRNAs with targets significantly enriched for association <sup>18</sup>. In stage 1, SNPs in or near 301 high-confidence predicted MIR137 targets (with a TargetScan<sup>19</sup> probability of conserved targeting  $\geq 0.9$ ) were enriched for association compared with genes matched for size and marker density: 17 predicted MIR137 targets (Supplementary Table 8) had at least one SNP with  $P < 10^{-4}$ , which is more than twice as many as the control gene sets (P < 0.01). Excluding the MHC and MIR137, of the nine loci with genome-wide significant support either in stage 1 or in the combined set (six loci, 2q32.3, 8p23.2, 8q21.3, 10q24.32-q24.33, 11q24.2 and 18q21.2; Table 2 and Supplementary Tables 6,7) or in a joint analysis with bipolar disorder (three genes, CACNA1C, ANK3 and ITIH3-ITIH4, described below), four genes (TCF4, CACNA1C, CSMD1 and C10orf26) have predicted MIR137 target sites according to analyses using three different prediction programs (TargetScan<sup>19</sup>, PicTar<sup>20</sup> and miRanda<sup>21</sup>). *In vitro* overexpression and locked nucleic acid-mediated knockdown of MIR137 in neuronal cell line N2a leads to changes in expression levels of TCF4 protein, strongly supporting the prediction that TCF4 is a target of MIR137 (L.-H. Tsai, personal communication). Our observations suggest MIR137-mediated dysregulation as a new etiologic mechanism in schizophrenia.

The International Schizophrenia Consortium (ISC) reported evidence for a polygenic contribution to schizophrenia<sup>4</sup>. An independent family based study confirmed these results, greatly minimizing the possibility of population stratification artifact<sup>12</sup>. We reevaluated the polygenic model, dividing stage 1 samples into independent training and testing sets (Supplementary Note). The training set had 15,429 subjects (over twice the size of the ISC training set), and the testing set consisted of 6,428 individuals independent of the ISC report. The proportion of variance (Nagelkerke's  $r^2$ ) explained in the testing set increased from 3% in the ISC to around 6% here (Supplementary Table 9 and Supplementary Fig. 6). This estimate is much lower than the true total variation in liability that is tagged by all SNPs because SNP effects are estimated with error<sup>3,4,22–25</sup>. The polygenic model appears to explain a substantial fraction of the heritability of schizophrenia<sup>4</sup>, as has been shown for other complex traits<sup>3,26–28</sup>. Some of these additional risk loci are likely contained near the most highly significant results of our stage 1 analysis. Supporting this hypothesis, of the top loci that did not reach genome-wide significance in the combined stage 1 and 2 analysis, a sign test  $(P < 10^{-4})$  and a Fisher's combined test  $(P < 10^{-5})$  both showed an excess of samedirection allelic association (41 of 51 non-MHC SNPs) in the discovery and replication datasets.

Clinical, epidemiological and genetic findings suggest shared risk factors between bipolar disorder and schizophrenia<sup>29</sup>. In stage 1, three genes with strong support had prior genomewide significant associations with bipolar disorder: CACNA1C, the region containing ITIH3-ITIH4 (encoding inter- $\alpha$  (globulin) inhibitors H3 and H4) and ANK3 (encoding ankyrin 3,

node of Ranvier (ankyrin G)) $^{10,11,30}$  (Supplementary Table 10). We performed a joint analysis with the Schizophrenia Psychiatric Genome-Wide Association Study (GWAS) Consortium (PGC) for bipolar disorder applying identical analytical methods. After removing duplicate subjects, we analyzed 16,374 cases with schizophrenia, schizoaffective disorder or bipolar disorder and 14,044 controls. Support for shared susceptibility was strengthened (Supplementary Table 11) at CACNAIC (rs4765905,  $P=7.0\times10^{-9}$ ), ANK3 (rs10994359,  $P=2.5\times10^{-8}$ ) and the ITIH3-ITIH4 region (rs2239547,  $P=7.8\times10^{-9}$ ), each of which reached genome-wide significance. A coding variant in ITIH4 (p.Pro698Thr; rs4687657) is in perfect LD with the most associated SNP. Although we included all subjects from an earlier report  $^{10}$ , the increased support found with additional independent cases (N=11,987) and controls (N=7,835) provides further evidence for shared risk effects of schizophrenia and bipolar disorder.

The risk variants implicated here confer small risks (odds ratios ~1.10), but the polygenic analysis shows many more susceptibility variants with effects for which our sample is underpowered (Supplementary Table 12). At every stage where samples were added, we found an increase in the number of genome-wide significant loci and enhancement of signals at *CACNA1C*, *ANK3* and *ITIH3-ITIH4* when schizophrenia and bipolar disorder were jointly analyzed. Thus, gains in power offset any penalty for increased heterogeneity.

In summary, we report seven genome-wide significant schizophrenia associations (five of which are new) in a two-stage analysis of 51,695 individuals. We also report loci that confer susceptibility to both bipolar disorder and schizophrenia. The association near *MIR137*, associations in multiple predicted *MIR137* targets and the known role of *MIR137* in neuronal maturation and function together suggest an intriguing new insight into the pathogenesis of schizophrenia.

#### **URLs**

PLINK, http://pngu.mgh.harvard.edu/~purcell/plink/; Haploview, http://www.broadinstitute.org/scientific-community/science/programs/medical-and-population-genetics/haploview/haploview.

#### **METHODS**

Methods and any associated references are available in the online version of the paper at http://www.nature.com/naturegenetics/.

## **Supplementary Material**

Refer to Web version on PubMed Central for supplementary material.

## **Acknowledgments**

We thank the study participants and the research staff at the many study sites. Over 40 US National Institutes of Health grants and similar numbers of government grants from other countries, along with substantial private and foundation support, enabled this work. We greatly appreciate the sustained efforts of T. Lehner (National Institute of Mental Health) on behalf of the Schizophrenia Psychiatric Genome-Wide Association Study (GWAS) Consortium (PGC). Detailed acknowledgments, including grant support, are listed in the

### References

1. Altshuler DM, et al. Integrating common and rare genetic variation in diverse human populations. Nature. 2010; 467:52–58. [PubMed: 20811451]

- Barrett JC, et al. Genome-wide association defines more than 30 distinct susceptibility loci for Crohn's disease. Nat Genet. 2008; 40:955–962. [PubMed: 18587394]
- 3. Lango Allen H, et al. Hundreds of variants clustered in genomic loci and biological pathways affect human height. Nature. 2010; 467:832–838. [PubMed: 20881960]
- Purcell SM, et al. Common polygenic variation contributes to risk of schizophrenia and bipolar disorder. Nature. 2009; 460:748–752. [PubMed: 19571811]
- 5. Price AL, et al. Discerning the ancestry of European Americans in genetic association studies. PLoS Genet. 2008; 4:e236. [PubMed: 18208327]
- 6. Devlin B, Roeder K. Genomic control for association studies. Biometrics. 1999; 55:997–1004. [PubMed: 11315092]
- 7. Dudbridge F, Gusnanto A. Estimation of significance thresholds for genomewide association scans. Genet Epidemiol. 2008; 32:227–234. [PubMed: 18300295]
- 8. Stefansson H, et al. Common variants conferring risk of schizophrenia. Nature. 2009; 460:744–747. [PubMed: 19571808]
- 9. Shi J, et al. Common variants on chromosome 6p22.1 are associated with schizophrenia. Nature. 2009; 460:753–757. [PubMed: 19571809]
- 10. Ferreira MA, et al. Collaborative genome-wide association analysis supports a role for *ANK3* and *CACNA1C* in bipolar disorder. Nat Genet. 2008; 40:1056–1058. [PubMed: 18711365]
- 11. Green EK, et al. The bipolar disorder risk allele at *CACNA1C* also confers risk of recurrent major depression and of schizophrenia. Mol Psychiatry. 2010; 15:1016–1022. [PubMed: 19621016]
- Ruderfer DM, et al. A family-based study of common polygenic variation and risk of schizophrenia. Mol Psychiatry. April 12.2011 published online. 10.1038/mp.2011.34
- 13. Bemis LT, et al. MicroRNA-137 targets microphthalmia-associated transcription factor in melanoma cell lines. Cancer Res. 2008; 68:1362–1368. [PubMed: 18316599]
- 14. Srikantan V, et al. *PCGEM1*, a prostate-specific gene, is overexpressed in prostate cancer. Proc Natl Acad SciUSA. 2000; 97:12216–12221.
- 15. Szulwach KE, et al. Cross talk between microRNA and epigenetic regulation in adult neurogenesis. J Cell Biol. 2010; 189:127–141. [PubMed: 20368621]
- 16. Silber J, et al. miR-124 and miR-137 inhibit proliferation of glioblastoma multiforme cells and induce differentiation of brain tumor stem cells. BMC Med. 2008; 6:14. [PubMed: 18577219]
- 17. Smrt RD, et al. MicroRNA miR-137 regulates neuronal maturation by targeting ubiquitin ligase mind bomb-1. Stem Cells. 2010; 28:1060–1070. [PubMed: 20506192]
- 18. Potkin SG, et al. Identifying gene regulatory networks in schizophrenia. Neuroimage. 2010; 53:839–847. [PubMed: 20600988]
- Lewis BP, Burge CB, Bartel DP. Conserved seed pairing, often flanked by adenosines, indicates that thousands of human genes are microRNA targets. Cell. 2005; 120:15–20. [PubMed: 15652477]
- 20. Krek A, et al. Combinatorial microRNA target predictions. Nat Genet. 2005; 37:495–500. [PubMed: 15806104]
- 21. John B, et al. Human MicroRNA targets. PLoS Biol. 2004; 2:e363. [PubMed: 15502875]
- 22. Yang J, et al. Common SNPs explain a large proportion of the heritability for human height. Nat Genet. 2010; 42:565–569. [PubMed: 20562875]
- 23. Yang J, et al. Genomic inflation factors under polygenic inheritance. Eur J Hum Genet. 2011; 19:807–812. [PubMed: 21407268]
- 24. Visscher PM, Yang J, Goddard ME. A commentary on 'common SNPs explain a large proportion of the heritability for human height' by Yang *et al.* (2010). Twin Res Hum Genet. 2010; 13:517–524. [PubMed: 21142928]
- 25. Lee SH, Wray NR, Goddard ME, Visscher PM. Estimating missing heritability for disease from genome-wide association studies. Am J Hum Genet. 2011; 88:294–305. [PubMed: 21376301]
- 26. Speliotes EK, et al. Association analyses of 249,796 individuals reveal 18 new loci associated with body mass index. Nat Genet. 2010; 42:937–948. [PubMed: 20935630]
- 27. Wei Z, et al. From disease association to risk assessment: an optimistic view from genome-wide association studies on type 1 diabetes. PLoS Genet. 2009; 5:e1000678. [PubMed: 19816555]

- 28. Bush WS, et al. Evidence for polygenic susceptibility to multiple sclerosis—the shape of things to come. Am J Hum Genet. 2010; 86:621-625. [PubMed: 20362272]
- 29. Lichtenstein P, et al. Common genetic determinants of schizophrenia and bipolar disorder in Swedish families: a population-based study. Lancet. 2009; 373:234–239. [PubMed: 19150704]
- 30. Scott LJ, et al. Genome-wide association and meta-analysis of bipolar disorder in individuals of European ancestry. Proc Natl Acad Sci USA. 2009; 106:7501–7506. [PubMed: 19416921]

## **Appendix**

Stephan Ripke<sup>1</sup>, Alan R Sanders<sup>2</sup>,<sup>3</sup>, Kenneth S Kendler<sup>4</sup>–<sup>6</sup>, Douglas F Levinson<sup>7</sup>, Pamela Sklar<sup>1</sup>,<sup>8</sup>, Peter A Holmans<sup>9</sup>,<sup>10</sup>, Dan-Yu Lin<sup>11</sup>, Jubao Duan<sup>2</sup>,<sup>3</sup>, Roel A Ophoff<sup>12</sup>–<sup>15</sup>, Ole A Andreassen<sup>16</sup>,<sup>17</sup>, Edward Scolnick<sup>18</sup>, Sven Cichon<sup>19</sup>–<sup>21</sup>, David St. Clair<sup>22</sup>, Aiden Corvin<sup>23</sup>, Hugh Gurling<sup>24</sup>, Thomas Werge<sup>25</sup>, Dan Rujescu<sup>26</sup>, Douglas H R Blackwood<sup>27</sup>, Carlos N Pato<sup>28</sup>, Anil K Malhotra<sup>29</sup>–<sup>31</sup>, Shaun Purcell<sup>18</sup>, Frank Dudbridge<sup>32</sup>, Benjamin M Neale<sup>18</sup>, Lizzy Rossin<sup>1</sup>, Peter M Visscher<sup>33</sup>, Danielle Posthuma<sup>34</sup>,<sup>35</sup>, Douglas M Ruderfer<sup>1</sup>, Ayman Fanous<sup>5</sup>,<sup>36</sup>,<sup>37</sup>, Hreinn Stefansson<sup>38</sup>, Stacy Steinberg<sup>38</sup>, Bryan J Mowry<sup>39</sup>,<sup>40</sup>, Vera Golimbet<sup>41</sup>, Marc De Hert<sup>42</sup>, Erik G Jönsson<sup>43</sup>, István Bitter<sup>44</sup>, Olli P H

<sup>&</sup>lt;sup>1</sup>Center for Human Genetic Research, Massachusetts General Hospital, Boston, Massachusetts, USA.

<sup>&</sup>lt;sup>2</sup>Department of Psychiatry and Behavioral Sciences, NorthShore University HealthSystem, Evanston, Illinois, USA.

<sup>&</sup>lt;sup>3</sup>Department of Psychiatry and Behavioral Sciences, University of Chicago, Chicago, Illinois, USA.

<sup>&</sup>lt;sup>4</sup>Virginia Institute for Psychiatric and Behavioral Genetics, Virginia Commonwealth University School of Medicine, Richmond, Virginia, USA.

<sup>&</sup>lt;sup>6</sup>Department of Human and Molecular Genetics, Virginia Commonwealth University School of Medicine, Richmond, Virginia, USA.

<sup>&</sup>lt;sup>7</sup>Department of Psychiatry and Behavioral Sciences, Stanford University, Stanford, California, USA.

<sup>&</sup>lt;sup>8</sup>Department of Psychiatry, Mount Sinai School of Medicine, New York, New York, USA.

<sup>&</sup>lt;sup>9</sup>Medical Research Council (MRC) Centre for Neuropsychiatric Genetics and Genomics, School of Medicine, Cardiff University, Cardiff, UK.

10 Department of Psychological Medicine and Neurology, School of Medicine, Cardiff University, Cardiff, UK.

<sup>&</sup>lt;sup>11</sup>Department of Biostatistics, University of North Carolina, Chapel Hill, North Carolina, USA.

<sup>&</sup>lt;sup>12</sup>Department of Medical Genetics, University Medical Center Utrecht, Utrecht, The Netherlands.

<sup>15</sup> Department of Human Genetics, University of California at Los Angeles, Los Angeles, California, USA.

<sup>&</sup>lt;sup>16</sup>Psychiatry Section, Institute of Clinical Medicine, University of Oslo, Oslo, Norway.

<sup>&</sup>lt;sup>17</sup>Department of Psychiatry, Oslo University Hospital, Oslo, Norway.

<sup>&</sup>lt;sup>18</sup>Broad Institute, Cambridge, Massachusetts, USA.

<sup>&</sup>lt;sup>19</sup>Department of Genomics, Life and Brain Center, University of Bonn, Bonn, Germany.

<sup>&</sup>lt;sup>21</sup>Institute of Human Genetics, University of Bonn, Bonn, Germany.

<sup>&</sup>lt;sup>22</sup>Institute of Medical Sciences, University of Aberdeen, Foresterhill, Aberdeen, UK.

<sup>&</sup>lt;sup>23</sup>Neuropsychiatric Genetics Research Group, Trinity College Dublin, Dublin, Ireland.

<sup>&</sup>lt;sup>24</sup>Molecular Psychiatry Laboratory, Research Department of Mental Health Sciences, University College London Medical School, Windeyer Institute of Medical Sciences, London, UK. 25 Institute of Biological Psychiatry, Mental Health Center (MHC) Sct. Hans, Copenhagen University Hospital, Roskilde, Denmark.

<sup>&</sup>lt;sup>26</sup>Molecular and Clinical Neurobiology, Department of Psychiatry, Ludwig-Maximilians-University, Munich, Germany. <sup>27</sup>Division of Psychiatry, University of Edinburgh, Royal Edinburgh Hospital, Edinburgh, UK.

<sup>&</sup>lt;sup>28</sup>Keck School of Medicine, University of Southern California, Los Angeles, California, USA.

<sup>&</sup>lt;sup>29</sup>Department of Psychiatry, Division of Research, The Zucker Hillside Hospital Division of the North Shore-Long Island Jewish Health System, Glen Oaks, New York, USA.

31 Department of Psychiatry and Behavioral Science, Albert Einstein College of Medicine of Yeshiva University, New York, New

York, USA.

32 Department of Non-Communicable Disease Epidemiology, London School of Hygiene and Tropical Medicine, London, UK.

12 Department of Non-Communicable Disease Epidemiology, London School of Hygiene and Tropical Medicine, London, UK.

13 Department of Medical Research Brisbane. Oueensland, Australia.

<sup>&</sup>lt;sup>33</sup>Queensland Statistical Genetics Laboratory, Queensland Institute of Medical Research, Brisbane, Queensland, Australia.

<sup>&</sup>lt;sup>34</sup>Vrije Universiteit (VU), Center for Neurogenomics and Cognitive Research (CNCR), Department of Functional Genomics, Amsterdam, The Netherlands. 35VU Medical Centre, Department of Medical Genomics, Amsterdam, The Netherlands.

<sup>&</sup>lt;sup>5</sup>Department of Psychiatry, Virginia Commonwealth University School of Medicine, Richmond, Virginia, USA.

<sup>&</sup>lt;sup>36</sup>Washington Veteran's Affairs Medical Center, Washington, DC, USA.

<sup>&</sup>lt;sup>37</sup>Department of Psychiatry, Georgetown University School of Medicine, Washington, DC, USA.

<sup>&</sup>lt;sup>38</sup>deCODE Genetics, Reykjavik, Iceland.

<sup>&</sup>lt;sup>39</sup>Queensland Brain Institute, University of Queensland, Brisbane, Queensland, Australia.

<sup>40</sup> Queensland Centre for Mental Health Research, University of Queensland, Brisbane, Queensland, Australia.

<sup>&</sup>lt;sup>41</sup>Mental Health Research Center, Russian Academy of Medical Sciences, Moscow, Russia.

<sup>&</sup>lt;sup>42</sup>University Psychiatric Centre, Catholic University Leuven, Kortenberg, Belgium.

<sup>&</sup>lt;sup>43</sup>Department of Clinical Neuroscience, Human Brain Informatics (HUBIN) Project, Karolinska Institutet and Hospital, Stockholm, Sweden.

Pietiläinen<sup>45</sup>, <sup>46</sup>, David A Collier<sup>47</sup>, Sarah Tosato<sup>48</sup>, Ingrid Agartz<sup>16</sup>, <sup>49</sup>, Margot Albus<sup>50</sup>, Madeline Alexander<sup>7</sup>, Richard L Amdur<sup>36</sup>, <sup>37</sup>, Farooq Amin<sup>51</sup>, <sup>52</sup>, Nicholas Bass<sup>24</sup>, Sarah E Bergen<sup>1</sup>, Donald W Black<sup>53</sup>, Anders D Børglum<sup>54</sup>, <sup>55</sup>, Matthew A Brown<sup>56</sup>, Richard Bruggeman<sup>57</sup>, Nancy G Buccola<sup>58</sup>, William F Byerley<sup>59</sup>, <sup>60</sup>, Wiepke Cahn<sup>61</sup>, Rita M Cantor<sup>14</sup>, <sup>15</sup>, Vaughan J Carr<sup>62</sup>, Stanley V Catts<sup>63</sup>, Khalid Choudhury<sup>24</sup>, C Robert Cloninger<sup>64</sup>, Paul Cormican<sup>23</sup>, Nicholas Craddock<sup>9</sup>, <sup>10</sup>, Patrick A Danoy<sup>56</sup>, Susmita Datta<sup>24</sup>, Lieuwe de Haan<sup>65</sup>, Ditte Demontis<sup>54</sup>, Dimitris Dikeos<sup>66</sup>, Srdjan Djurovic<sup>16</sup>, <sup>67</sup>, Peter Donnelly<sup>68</sup>, <sup>69</sup>, Gary Donohoe<sup>23</sup>, Linh Duong<sup>25</sup>, Sarah Dwyer<sup>9</sup>, <sup>10</sup>, Anders Fink-Jensen<sup>70</sup>, Robert Freedman<sup>71</sup>, Nelson B Freimer<sup>14</sup>, Marion Friedl<sup>26</sup>, Lyudmila Georgieva<sup>9</sup>, <sup>10</sup>, Ina Giegling<sup>26</sup>, Michael Gill<sup>23</sup>, Birte Glenthøj<sup>72</sup>, Stephanie Godard<sup>73</sup>, Marian Hamshere<sup>9</sup>, <sup>10</sup>, Mark Hansen<sup>74</sup>, Thomas Hansen<sup>25</sup>, Annette M Hartmann<sup>26</sup>, Frans A Henskens<sup>75</sup>, David M Hougaard<sup>76</sup>, Christina M Hultman<sup>77</sup>, Andrés Ingason<sup>25</sup>, Assen V Jablensky<sup>78</sup>, Klaus D Jakobsen<sup>25</sup>, Maurice Jay<sup>79</sup>, <sup>132</sup>, Gesche Jürgens<sup>80</sup>, René S Kahn<sup>61</sup>, Matthew C Keller<sup>81</sup>, Gunter Kenis<sup>82</sup>, Elaine Kenny<sup>23</sup>, Yunjung Kim<sup>83</sup>, George K

<sup>44</sup>Semmelweis University, Department of Psychiatry and Psychotherapy, Budapest, Hungary.

<sup>45</sup> Institute for Molecular Medicine Finland (FIMM), University of Helsinki, Helsinki, Finland.

<sup>46</sup>Department of Medical Genetics, University of Helsinki, Helsinki, Finland.

<sup>&</sup>lt;sup>47</sup>Social, Genetic and Developmental Psychiatry Centre, Institute of Psychiatry, King's College, London, UK.

<sup>&</sup>lt;sup>48</sup>Section of Psychiatry and Clinical Psychology, University of Verona, Verona, Italy.

<sup>&</sup>lt;sup>49</sup>Department of Research, Diakonhjemmet Hospital, Oslo, Norway.

<sup>50</sup> State Mental Hospital, Haar, Germany.

<sup>51</sup> Department of Psychiatry and Behavioral Sciences, Emory University, Atlanta, Georgia, USA.

<sup>52</sup>Department of Psychiatry and Behavioral Sciences, Atlanta Veterans Affairs Medical Center, Atlanta, Georgia, USA.

<sup>&</sup>lt;sup>53</sup>Department of Psychiatry, University of Iowa Carver College of Medicine, Iowa City, Iowa, USA.

<sup>54</sup>Institute of Human Genetics, University of Aarhus, Aarhus, Denmark.
55Centre for Psychiatric Research, Aarhus University Hospital, Risskov, Denmark.

<sup>&</sup>lt;sup>56</sup>University of Queensland Diamantina Institute, Princess Alexandra Hospital, University of Queensland, Brisbane, Queensland, Australia. 57University Medical Center Groningen, Department of Psychiatry, University of Groningen, Groningen, The Netherlands.

<sup>58</sup> School of Nursing, Louisiana State University Health Sciences Center, New Orleans, Louisiana, USA.

<sup>&</sup>lt;sup>59</sup>Department of Psychiatry, University of California at San Francisco, San Francisco, California, USA.

<sup>&</sup>lt;sup>60</sup>NCIRE (Northern California Institute for Research and Education), San Francisco, California, USA.

<sup>61</sup> Department of Psychiatry, Rudolf Magnus Institute of Neuroscience, University Medical Center Utrecht, Utrecht, The Netherlands. <sup>14</sup>University of California at Los Angeles (UCLA) Center for Neurobehavioral Genetics, University of California at Los Angeles, Los Angeles, California, USA.

62 School of Psychiatry, University of New South Wales and Schizophrenia Research Institute, Sydney, New South Wales, Australia.

<sup>63</sup> Department of Psychiatry, University of Queensland, Royal Brisbane Hospital, Brisbane, Australia.

<sup>64</sup>Department of Psychiatry, Washington University, St. Louis, Missouri, USA.

<sup>65</sup> Academic Medical Centre, University of Amsterdam, Department of Psychiatry, Amsterdam, The Netherlands.

<sup>66</sup> Department of Psychiatry, University of Athens Medical School, Athens, Greece.

<sup>67</sup> Department of Medical Genetics, Oslo University Hospital, Oslo, Norway.

<sup>68</sup>Wellcome Trust Centre for Human Genetics, Oxford, UK.

<sup>&</sup>lt;sup>69</sup>Department of Statistics, University of Oxford, Oxford, UK.

<sup>&</sup>lt;sup>70</sup>Mental Health Center Copenhagen, Copenhagen University Hospital, Copenhagen, Denmark.

<sup>71</sup> Department of Psychiatry, University of Colorado Denver, Aurora, Colorado, USA.

<sup>72</sup> Center for Clinical Intervention and Neuropsychiatric Schizophrenia Research, Mental Health Center Glostrup, Copenhagen University Hospital, Glostrup, Denmark.

73 INSERM, Institut de Myologie, Hôpital de la Pitié-Salpêtrière, Paris, France.

<sup>74</sup>Illumina, Inc., La Jolla, California, USA.

<sup>75</sup> School of Electrical Engineering and Computing Science, University of Newcastle, New South Wales, Australia. 76Section of Neonatal Screening and Hormones, Department of Clinical Chemistry and Immunology, The State Serum Institute,

Copenhagen, Denmark. 77 Department of Medical Epidemiology and Biostatistics, Karolinska Institutet, Stockholm, Sweden.

<sup>78</sup>Centre for Clinical Research in Neuropsychiatry, School of Psychiatry and Clinical Neurosciences, The University of Western Australia, Perth, Western Australia, Australia.

Department of Child and Adolescent Psychiatry, Pierre and Marie Curie Faculty of Medicine, Paris, France.

<sup>132</sup> Deceased. Correspondence should be addressed to P.V.G. (pgejman@gmail.com).

<sup>80</sup> Department of Clinical Pharmacology, Bispebjerg University Hospital, Copenhagen, Denmark.

<sup>81</sup> Department of Psychology, University of Colorado, Boulder, Boulder, Colorado, USA.

<sup>82</sup> Department of Psychiatry and Psychology, School of Mental Health and Neuroscience, European Graduate School of Neuroscience (EURON), South Limburg Mental Health Research and Teaching Network (SEARCH), Maastricht University Medical Centre, Maastricht, The Netherlands.

83 Department of Genetics, University of North Carolina at Chapel Hill, Chapel Hill, North Carolina, USA.

Kirov<sup>9</sup>, <sup>10</sup>, Heike Konnerth<sup>26</sup>, Bettina Konte<sup>26</sup>, Lydia Krabbendam<sup>84</sup>, Robert Krasucki<sup>24</sup>, Virginia K Lasseter<sup>85</sup>, <sup>132</sup>, Claudine Laurent<sup>79</sup>, Jacob Lawrence<sup>24</sup>, Todd Lencz<sup>29</sup>–<sup>31</sup>, F Bernard Lerer<sup>86</sup>, Kung-Yee Liang<sup>87</sup>, Paul Lichtenstein<sup>77</sup>, Jeffrey A Lieberman<sup>88</sup>, Don H Linszen<sup>65</sup>, Jouko Lönnqvist<sup>89</sup>, Carmel M Loughland<sup>90</sup>, Alan W Maclean<sup>27</sup>, Brion S Maher<sup>4</sup>–<sup>6</sup>, Wolfgang Maier<sup>91</sup>, Jacques Mallet<sup>92</sup>, Pat Malloy<sup>27</sup>, Manuel Mattheisen<sup>19</sup>, <sup>21</sup>, <sup>93</sup>, Morten Mattingsdal<sup>16</sup>, <sup>94</sup>, Kevin A McGhee<sup>27</sup>, John J McGrath<sup>39</sup>, <sup>40</sup>, Andrew McIntosh<sup>27</sup>, Duncan E McLean<sup>95</sup>, Andrew McQuillin<sup>24</sup>, Ingrid Melle<sup>16</sup>, <sup>17</sup>, Patricia T Michie<sup>96</sup>, <sup>97</sup>, Vihra Milanova<sup>98</sup>, Derek W Morris<sup>23</sup>, Ole Mors<sup>55</sup>, Preben B Mortensen<sup>99</sup>, Valentina Moskvina<sup>9</sup>, <sup>10</sup>, Pierandrea Muglia<sup>100</sup>, <sup>101</sup>, Inez Myin-Germeys<sup>84</sup>, Deborah A Nertney<sup>39</sup>, <sup>40</sup>, Gerald Nestadt<sup>85</sup>, Jimmi Nielsen<sup>102</sup>, Ivan Nikolov<sup>9</sup>, <sup>10</sup>, Merete Nordentoft<sup>103</sup>, Nadine Norton<sup>9</sup>, <sup>10</sup>, Markus M Nöthen<sup>19</sup>, <sup>21</sup>, Colm T O'Dushlaine<sup>23</sup>, Ann Olincy<sup>71</sup>, Line Olsen<sup>25</sup>, F Anthony O'Neill<sup>104</sup>, Torben F Ørntoft<sup>105</sup>, <sup>106</sup>, Michael J Owen<sup>9</sup>, <sup>10</sup>, Christos Pantelis<sup>107</sup>, George Papadimitriou<sup>66</sup>, Michele T Pato<sup>28</sup>, Leena Peltonen<sup>45</sup>, <sup>46</sup>, <sup>108</sup>, <sup>132</sup>, Hannes Petursson<sup>109</sup>, Ben Pickard<sup>110</sup>, Jonathan Pimm<sup>24</sup>, Ann E Pulver<sup>85</sup>, Vinay Puri<sup>24</sup>, Digby Quested<sup>111</sup>, Emma M Quinn<sup>23</sup>, Henrik B Rasmussen<sup>25</sup>, János M Réthelyi<sup>44</sup>, Robert Ribble<sup>4</sup>–<sup>6</sup>, Marcella Rietschel<sup>91</sup>, <sup>112</sup>, Brien P Riley<sup>4</sup>–<sup>6</sup>, Mirella Ruggeri<sup>48</sup>, Ulrich Schall<sup>97</sup>, <sup>113</sup>, Thomas G Schulze<sup>112</sup>, <sup>114</sup>, Sibylle G Schwab<sup>115</sup>–<sup>117</sup>, Rodney J Scotti<sup>118</sup>, Jianxin Shi<sup>119</sup>, Engilbert Sigurdsson<sup>109</sup>, <sup>120</sup>, Jeremy M Silverman<sup>8</sup>, <sup>121</sup>, Chris C A

84 Maastricht University Medical Centre, South Limburg Mental Health Research and Teaching Network, Maastricht, The Netherlands.

85 Department of Psychiatry and Behavioral Sciences, Johns Hopkins University School of Medicine, Baltimore, Maryland, USA.

<sup>86</sup> Department of Psychiatry, Hadassah-Hebrew University Medical Center, Jerusalem, Israel.

<sup>87</sup> Department of Biostatistics, Johns Hopkins University Bloomberg School of Public Health, Baltimore, Maryland, USA.

<sup>&</sup>lt;sup>88</sup>Department of Psychiatry, Columbia University, New York, New York, USA.

<sup>89</sup> Department of Mental Health and Substance Abuse Services, National Institute for Health and Welfare, Helsinki, Finland. 90 Schizophrenia Research Institute, Sydney and Centre for Brain and Mental Health Research, University of Newcastle, Newcastle,

New South Wales, Australia.

91
Department of Psychiatry, University of Bonn, Bonn, Germany.

<sup>92</sup>Laboratoire de Génétique Moléculaire de la Neurotransmission et des Processus Neurodégénératifs, Centre National de la Recherche Scientifique, Hôpital de la Pitié Salpêtrière, Paris, France.

Institute of Medical Biometry, Informatics and Epidemiology (IMBIE), University of Bonn, Bonn, Germany.

<sup>94</sup>Department of Research, Sørlandet Hospital, Kristiansand, Norway.

<sup>95</sup> Queensland Centre for Mental Health Research, The Park Centre for Mental Health, Wacol, Queensland, Australia.

<sup>96</sup> Succional NeuroImaging Laboratory, School of Psychology, University of Newcastle, Sydney, New South Wales, Australia.

<sup>98</sup> Department of Psychiatry, First Psychiatric Clinic, Alexander University Hospital, Sofia, Bulgaria.

<sup>99</sup> National Centre for Register-Based Research, University of Aarhus, Aarhus, Denmark.

<sup>100</sup> Department of Psychiatry, University of Toronto, Toronto, Canada.

<sup>101</sup>NeuroSearch A/S, Ballerup, Denmark.

<sup>102</sup> Unit for Psychiatric Research, Aalborg Psychiatric Hospital, Aalborg, Denmark.

<sup>103</sup>Psychiatric Centre Copenhagen, Copenhagen University Hospital, Copenhagen, Denmark.

<sup>104</sup> Department of Psychiatry, Queens University, Belfast, Ireland.

<sup>105</sup>ARoS Applied Biotechnology A/S, Skejby, Denmark.

<sup>106</sup> Department of Molecular Medicine, Aarhus University Hospital, Skejby, Denmark.

<sup>107</sup> Melbourne Neuropsychiatry Centre, Department of Psychiatry, The University of Melbourne and Melbourne Health, Melbourne, Victoria, Australia.

<sup>108</sup>Wellcome Trust Sanger Institute, Wellcome Trust Genome Campus, Hinxton, Cambridge, UK.

<sup>109</sup> Department of Psychiatry, National University Hospital, Reykjavik, Iceland.

<sup>110</sup> Strathclyde Institute of Pharmacy and Biomedical Sciences, The John Arbuthnott Building, University of Strathclyde, Glasgow,

UK.

111 Department of Psychiatry, University of Oxford, Warneford Hospital, Headington, Oxford, UK.

<sup>112</sup> Department of Genetic Epidemiology in Psychiatry, Central Institute of Mental Health, University of Heidelberg, Mannheim, Germany.

113 Priority Centre for Brain and Mental Health Research, University of Newcastle, Sydney, New South Wales, Australia.

<sup>114</sup> Department of Psychiatry and Psychotherapy, Georg-August-University, Göttingen, Germany.

<sup>115</sup> School of Psychiatry and Clinical Neurosciences, University of Western Australia, Perth, Western Australia, Australia.

<sup>117</sup> Centre for Medical Research, Western Australian Institute for Medical Research, University of Western Australia, Perth, Western

Australia, Australia.

Australia, Australia.

118 Centre for Information Based Medicine, University of Newcastle, Hunter Medical Research Institute, Newcastle and Schizophrenia Research Institute, Sydney, New South Wales, Australia. 119Division of Cancer Epidemiology and Genetics, National Cancer Institute, Bethesda, Maryland, USA.

<sup>120</sup> Department of Psychiatry, University of Iceland, Reykjavik, Iceland.

Spencer<sup>68</sup>, Kari Stefansson<sup>38</sup>, Amy Strange<sup>68</sup>, Eric Strengman<sup>12</sup>, <sup>13</sup>, T Scott Stroup<sup>88</sup>, Jana Suvisaari<sup>89</sup>, Lars Terenius<sup>43</sup>, Srinivasa Thirumalai<sup>122</sup>, Johan H Thygesen<sup>25</sup>, Sally Timm<sup>123</sup>, Draga Toncheva<sup>124</sup>, Edwin van den Oord<sup>125</sup>, Jim van Os<sup>84</sup>, Ruud van Winkel<sup>42</sup>, <sup>82</sup>, Jan Veldink<sup>126</sup>, Dermot Walsh<sup>127</sup>, August G Wang<sup>128</sup>, Durk Wiersma<sup>57</sup>, Dieter B Wildenauer<sup>115</sup>, <sup>129</sup>, Hywel J Williams<sup>9</sup>, <sup>10</sup>, Nigel M Williams<sup>9</sup>, <sup>10</sup>, Brandon Wormley<sup>4</sup>–<sup>6</sup>, Stan Zammit<sup>9</sup>, <sup>10</sup>, Patrick F Sullivan<sup>77</sup>, <sup>83</sup>, <sup>130</sup>, <sup>131</sup>, Michael C O'Donovan<sup>9</sup>, <sup>10</sup>, Mark J Daly<sup>1</sup> & Pablo V Gejman<sup>2</sup>, <sup>3</sup>

<sup>121</sup> Department of Psychiatry, Veterans Affairs Medical Center, New York, New York, USA.

<sup>&</sup>lt;sup>13</sup>Rudolf Magnus Institute of Neuroscience, University Medical Center Utrecht, Utrecht, The Netherlands.

<sup>122</sup>West Berkshire National Health Service (NHS) Trust, Reading, UK.

<sup>123</sup> Mental Health Center Frederiksberg, Copenhagen University Hospital, Copenhagen, Denmark.

<sup>124</sup> Department of Medical Genetics, University Hospital Maichin Dom, Sofia, Bulgaria.

<sup>125</sup> Department of Pharmacy, Virginia Commonwealth University, Richmond, Virginia, USA.

<sup>&</sup>lt;sup>126</sup>Rudolf Magnus Institute of Neuroscience, Department of Neurology, Universitair Medisch Centrum (UMC) Utrecht, Utrecht, The Netherlands.

<sup>127</sup> The Health Research Board, Dublin, Ireland.

<sup>128</sup> Mental Health Center Amager, Copenhagen University Hospital, Copenhagen, Denmark.

<sup>129</sup> Centre for Clinical Research in Neuropsychiatry, Graylands Hospital, Mt Claremont, Western Australia, Australia.

<sup>130</sup> Department of Psychiatry, University of North Carolina at Chapel Hill, Chapel Hill, North Carolina, USA.

<sup>131</sup> Department of Epidemiology, University of North Carolina at Chapel Hill, Chapel Hill, North Carolina, USA.

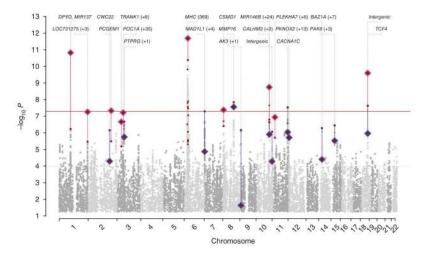


Figure 1. Manhattan plot for stages 1 and 2. Standard  $-\log_{10} P$  plot of the study results. For the stage 1 results, 16 regions with one or more SNP achieving  $P < 10^{-6}$  are highlighted in color and labeled with the name of the nearest gene. SNPs selected for stage 2 replication are highlighted, with the resulting combined P value after replication (that is, after incorporation of stage 2 results) indicated by the large diamonds. Blue highlighting indicates SNPs that were less significantly associated after replication, and pink highlighting indicates SNPs that were more significantly associated after replication.

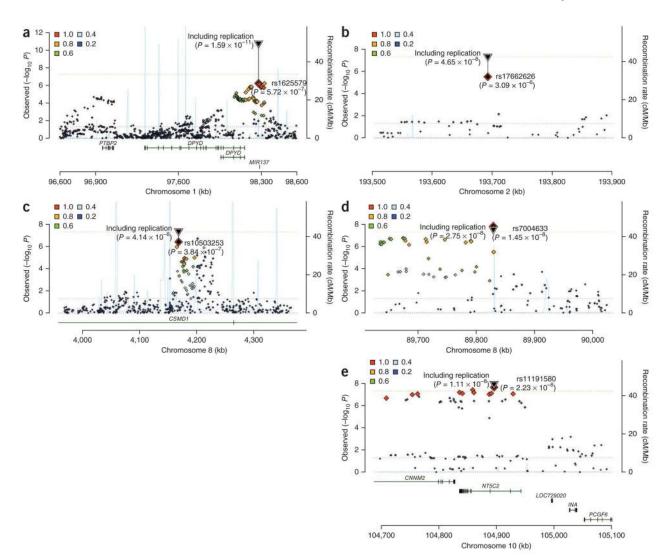


Figure 2. Regional association plots for five new schizophrenia loci. Regional P value plots for each of the five new schizophrenia loci: 1p21.3, 2q32.3, 8p23.2, 8q21.3 and 10q24.32-q24.33. Each plot shows the most associated SNP (key SNP) and its genomic region from the first column of Table 2: stage 1 scan results for each SNP  $\pm$  200 kb to the key SNP are shown. On the x axis is the genomic position, and on the y axis is  $-\log_{10} P$ . Larger SNP symbols indicate higher LD (based on HapMap 3 data) to the key SNP than smaller SNP symbols. Color coding (from red to blue) denotes LD information; see also the legend within the plot.

Table 1

Study design and samples

				Cases incl	Cases included by sex			Controls in	Controls included by sex	۷
Collection	Country	Platform	Male	Female	Unknown	Total	Male	Female	Unknown	Total
Cardiff UK	UK	Affymetrix 500K	320	152	0	472	1,442	1,492	0	2,934
CATIE	United States	Affymetrix 500K; Perlegen 164K	308	94	0	402	161	46	0	207
ISC-Aberdeen	UK	Affymetrix 5.0	536	184	0	720	447	251	0	869
ISC-Cardiff	Bulgaria	Affymetrix 6.0	270	257	0	527	291	318	0	609
ISC-Dublin	Ireland	Affymetrix 6.0	188	82	0	270	258	602	0	860
ISC-Edinburgh	UK	Affymetrix 6.0	267	101	0	368	146	138	0	284
ISC-London	UK	Affymetrix 5.0; Affymetrix 500K	369	149	0	518	207	284	0	491
ISC-Portugal	Portugal	Affymetrix 5.0	213	133	0	346	80	135	0	215
ISC-SW1	Sweden	Affymetrix 5.0	93	75	0	168	82	85	0	167
ISC-SW2	Sweden	Affymetrix 6.0	231	159	0	390	116	113	0	229
MGS	United States, Australia	Affymetrix 6.0	1,863	816	0	2,679	1,140	1,344	0	2,484
SGENE-Bonn	Germany	Illumina 550K	238	236	0	474	664	640	0	1,304
SGENE-Copenhagen	Denmark	Illumina Human 610-Quad	280	202	0	482	268	189	0	457
SGENE-Munich	Germany	Illumina 300K	279	155	0	434	167	184	0	351
SGENE-TOP3	Norway	Affymetrix 6.0	132	116	0	248	176	175	0	351
SGENE-UCLA	The Netherlands	Illumina 550K	529	175	0	704	310	321	I	631
Zucker Hillside	United States	Affymetrix 500K	128	64	0	192	92	86	0	190
Grand totals for the GWAs	3WAs		6,244	3,150	0	9,394	6,047	6,415	I	12,462
Multicenter Pedigree	Europe, United States, Australia	Illumina Human 610-Quad	n.a.	n.a.	0	583	0	0	0	0
SGENE-Aarhus	Denmark	Illumina Human 610-Quad	477	399	0	876	477	397	0	874
SGENE-Aarhus	Denmark	Centaurus	114	102	1	217	176	317	0	493
SGENE-Belgium	Belgium	Centaurus; Illumina 370K	326	184	0	510	149	192	0	341
SGENE-Copenhagen	Denmark	Centaurus	264	198	0	462	499	375	0	874
SGENE-Iceland	Iceland	Illumina 300K	346	185	0	531	5,802	5,813	0	11,615
SGENE-England	UK	Illumina 300K	71	22	0	93	48	40	0	88
SGENE-Helsinki	Finland	Illumina 300K	112	70	0	59	122	75	0	147
SGENE-Kuusamo	Finland	Illumina 300K				123				50

				Cases incl	Cases included by sex			ontrols in	Controls included by sex	
Collection	Country	Platform	Male	Female	Female Unknown Total	Total	Male	Female	Male Female Unknown	Total
SGENE-Hungary	Hungary	Centaurus	105	136	0	241	68	125	0	214
SGENE-Italy	Italy	Illumina 300K	48	36	0	84	50	39	0	86
SGENE-Munich	Germany	Illumina 300K	280	186	0	163	887	912	0	185
SGENE-Munich	Germany	Centaurus				303				1,614
SGENE-Russia	Russia	Centaurus	132	343	0	475	178	290	0	468
SGENE-Sweden	Sweden	Centaurus	158	94	0	252	178	109	0	287
SW3	Sweden	Affymetrix 6.0	327	212	0	539	457	448	0	905
SW4	Sweden	Affymetrix 6.0	959	407	0	1,063	605	568	0	1,173
UQ and ASRB	Australia	SequenomMassArray	347	190	21	558	487	455	15	957
ISGC and WTCCC2 Ireland	Ireland	Affymetrix 6.0	896	342	0	1,310	245	778	0	1,023
Grand totals for the replication follow up	replication follow up		4,731	3,106	22	8,442	10,449	10,933	15	21,397

Research 3; UCLA, University of California at Los Angeles; SWI, Sweden 1; SW2, Sweden 2; WTCCC, Wellcome Trust case Control Consortium; for the Multicenter Pedigree study, the number of cases University of Queensland had 21 cases and 15 controls missing sex information. Sex information for the two stage 2 replication SGENE-Munich samples are combined. Sex information for the two stage 2 replication SGENE-Finnish (Helsinki and Kuusamo) samples are combined to enable that these two samples are located adjacent to each other in the table (rather than alphabetically). Multicenter Pedigree Stage 1 describes the 17 samples that provided full GWAS genotyping data, and stage 2 describes the 19 studies that provided results for the top SNPs identified in the combined analysis of stage 1 studies. Stage 2 replication SGENE-Belgium had four cases missing sex information. Stage 2 replication SGENE-Aarhus (focused genotyping sample) had one case missing sex information. Stage 2 replicationwas a family sample, and so case sex counts are not applicable (n.a). SGENE, Schizophrenia Genetics Consortium; ISC, International Schizophrenia Consortium; TOP3, Thematic Organized Psychoses indicates the number of families; CATIE, Clinical Antipsychotic Trials of Intervention Effectiveness; MGS, Molecular Genetics of Schizophrenia; UQ, University of Queensland; ASRB, Australian Schizophrenia Research Bank; ISGC, Irish Schizophrenia Genomics Consortium.

Table 2

Top genome-wide association results for schizophrenia

SNP	Chr.	Mb	Alleles	Frequency	$P\left(\operatorname{GC-adjusted}P\right)$	OR (95% CI)	Consistency of direction	Gene	Distance (kb)
					$5.72 \times 10^{-7} \ (6.52 \times 10^{-6})$	1.14 (1.08–1.19)			
rs1625579	1p21.3a	98.3	TG	0.80	$2.65 \times 10^{-6}  (\text{n.a.})$	1.11 (1.07–1.16)	+ + + + + + + + + + + + + + + + + + + +	MIR137	Intragenic
					$1.59\times 10^{-11} \ (6.87\times 10^{-10})$	1.12 (1.09–1.16)			
					$3.09 \times 10^{-6} (2.60 \times 10^{-5})$	1.22 (1.13–1.30)			
rs17662626	2q32.3 <i>a</i>	193.7	AG	0.91	$1.70 \times 10^{-3}$ (n.a.)	1.16 (1.06–1.27)	+++++++++++++++++++++++++++++++++++++++	PCGEMI	343
					<b>4.65</b> × <b>10</b> <sup>-8</sup> (1.25 × 10 <sup>-6</sup> )	1.20 (1.13–1.26)			
					$4.30\times10^{-11}(2.76\times10^{-9})$	1.18 (1.13–1.23)			
rs2021722	6p21.3-p22.1	30.3	CT	0.78	$1.55 \times 10^{-3}  (\text{n.a.})$	1.10 (1.03–1.17)	+ + - + +	TRIM26	Intragenic
					$2.18\times 10^{-12} \ (2.88\times 10^{-10})$	1.15 (1.11–1.19)			
					$3.84 \times 10^{-7} (4.71 \times 10^{-6})$	1.14 (1.09–1.19)			
rs10503253	$8p23.2^{a}$	4.2	AC	0.19	$7.60 \times 10^{-3}  (\mathrm{n.a.})$	1.08 (1.01–1.14)	+ + + +	CSMDI	Intragenic
					<b>4.14</b> × <b>10</b> <sup>-8</sup> $(8.98 \times 10^{-7})$	1.11 (1.07–1.15)			
					$1.45 \times 10^{-8} (3.22 \times 10^{-7})$	1.16 (1.11–1.21)			
rs7004633	8q21.3a	8.68	GA	0.18	<b>0.011</b> (n.a.)	1.05 (1.01–1.10)	+ + + + + + + + +	MMP16	421
					$2.75 \times 10^{-8} (7.03 \times 10^{-7})$	1.10 (1.07–1.14)			
					$1.58 \times 10^{-7} (2.27 \times 10^{-6})$	1.11 (1.07–1.15)			
rs7914558	10q24.32 <sup>a</sup>	104.8	GA	0.59	$1.07 \times 10^{-3}  (\mathrm{n.a.})$	1.08 (1.03–1.13)	+ + + + +	CNNM2	Intragenic
					$1.82\times 10^{-9} \; (3.11\times 10^{-8})$	1.10 (1.07-1.13)			
					$2.23 \times 10^{-8} (4.58 \times 10^{-7})$	1.22 (1.15–1.29)			
rs11191580	$10q24.33^a$	104.9	TC	0.91	$5.09 \times 10^{-3}$ (n.a.)	1.09 (1.02–1.16)	+ + + + + + +	NT5C2	Intragenic
					<b>1.11</b> × 10 <sup>-8</sup> (3.72 × 10 <sup>-7</sup> )	1.15 (1.10–1.20)			
					$2.91 \times 10^{-8} (5.69 \times 10^{-7})$	1.20 (1.13–1.26)			
rs548181	11q24.2	125.0	GA	0.88	0.068 (n.a.)	1.04 (0.98–1.11)	+-+++++	STT3A	1
					$8.87 \times 10^{-7} (1.74 \times 10^{-5})$	1.11 (1.07–1.16)			
					$1.00 \times 10^{-6} (1.03 \times 10^{-5})$	1.10 (1.06–1.14)			
rs12966547 18q21.2	18q21.2	50.9	GA	0.58	$2.29 \times 10^{-5}$ (n.a.)	1.08 (1.04–1.12)	+++++++++++++++++++++++++++++++++++++++	CCDC68	126
					$2.60 \times 10^{-10} (5.99 \times 10^{-9})$	1.09 (1.06–1.12)			

SNP	Chr.	Mb	Alleles	Mb Alleles Frequency		OR (95% CI)	P (GC-adjusted P) OR (95% CI) Consistency of direction Gene	Gene	Distance (kb)
					<b>2.35</b> × <b>10</b> <sup>-8</sup> $(4.78 \times 10^{-7})$ 1.40 $(1.28-1.52)$	1.40 (1.28–1.52)			
rs17512836	18q21.2	51.3	51.3 CT	0.02	0.085 (n.a.)	0.085 (n.a.) 1.08 (0.96–1.20)	+ + + + + + +	TCF4	Intragenic
					$1.05 \times 10^{-6} (2.86 \times 10^{-5})$ $1.23 (1.14-1.31)$	1.23 (1.14–1.31)			

ratios are listed for stage 1 (top), stage 2 (middle) and combined stage 1 and 2 analysis (bottom) with the genomic control (GC)-adjusted values bracketed (n.a., not applicable for stage 2). Alleles are listed (Supplementary Table 7). Stage 1 is the discovery GWAS mega-analysis. Stage 2 is the replication sample (single-tailed meta-analysis P values are weighted by 1/s.e.), and because the P values are single values indicate P < 0.05. The directions of association in eight replication samples are represented by + if the associations are in the same direction, – if they are in opposite directions and a blank space if The SNPs listed are those with a stage 1  $P < 5 \times 10^{-8}$  and/or a combined stage 1 and 2  $P < 5 \times 10^{-8}$ . These ten independent ( $r^2 < 0.2$ ) SNPs represent eight physically distinct genomic loci, as there are tailed, some 95% confidence intervals contain 1 (if 0.10 < P < 0.05). Combined values include stages 1 and 2 (two-tailed meta-analysis P values are weighted by 1/s.e.). For each SNP, P values and odds with the stage 1 risk allele first; the frequency (in stage 1 controls) and odds ratio (OR) refer to the stage 1 risk allele. Bolded P values indicate  $P < 5 \times 10^{-8}$ , except for in the stage 2 data, where bolded instance. The nearest gene (or microRNA) is listed, with the distance (kb) from the gene (or if the SNP is intragenic) noted. None of these SNPs showed a significant test for hetereogeneity among the two SNPs listed for two loci (10q24.32-q24.33 and 18q21.2). For the MHC region, only one SNP is listed for clarity. The eight susceptibility loci represent three previously reported and five new loci the data are not available. Mb is the base position based on hg 18. Cytogenetic bands are listed for each SNP, though because only one of multiple MHC SNPs are listed, a band range is given in that samples. Chr., chromosome.

 $a_{
m New}$  finding.